11 11 Вирр. 220 33, Вив	CH. 1										
1. Name (Last, First,	Middle)				ecurity Nu	mber	3. Date o	f Birth	4. Effective	Date	
Jones, Johnnie M.					b) (6)		(	(b) (6)	4/3/200	)8	
FIRST ACTIO	ON			SECON	D ACTI	ON					
5-A. Code	5-B. Nature of Action			6-A. Code		6-B. Nat	ture of A	tion			
840	Individual Cash Award RB										
5-C. Code	5-D. Legal Authority			6-C. Code		6-D. Le	gal Auth	ority			
5-E. Code	5-F. Legal Authority			6-E. Code		6-F. Leg	gal Autho	ority			
7. FROM: Position	Fitle and Number			15. TO: Pos	ition Title a	nd Numb	er				
Information Tech 004397 00032475	nnology Specialist			Informa 004397 00032475	tion Tech	nology S	Speciali	st			
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Rate 1	2. Total Salary 13.	. Pay Basis	16. Pay Plan	17. Occ. Co	ode 18. 0	Grade or L	evel 19.Step	or Rate 20. Total Sal	ary/Award 2	21. Pay Basis
GS 2210	13 05		PA	GS	2210		13	05	2,400.00		
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Ba	sic Pay 12D. Or	ther Pay	20A. Basic Pay	y	20B	. Locality	Adj. 200	C. Adj. Basic Pay	20D. Other P	Pay
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DeptID: 00000035 Environmental Pr Region 6 Dallas,	ning & Permitting Div., g/Information ion			22. Name an DeptID: 00 Environme Region 6 D Multimedi Strategic P Manageme Dallas TX	00003542 ental Prote callas, a Planning lanning/I	Org C ection Ag g & Peru nformati	d: 90684 gency mitting l	1100			
23. Veterans Prefere	nce			24. Tenure				. Agency Us	se 26. Veteran	s Preference	for RIF
(b) (6) 1 - None 2 - 5-Point	,	0-Point/Other 0-Point/Compensable/30%			· None · Permanent	2 - Condition 3 - Indefini				(b) (6)	
27. FEGLI	(1-) (6)			28. Annuitai				I	29. Pay Rat	e Determina	nt
	(b) (6)				(b) (6)	)			0 0	Regular R	ate
30. Retirement Plan		31. Service Comp. D		32. Work Sc	hedule					me Hours Pe Biweekly	er
K FERS and	FICA	(b) (6)		F F	ull Time					Pay Period	
POSITION D.				ı							
34. Position Occupio		35. FLSA Category		36. Appropr	iation Code	e			37. Bargain	ing Unit Stat	tus
1 - Competitive S 2 - Excepted Ser		E - Exempt N - Nonexem	npt						0011		
38. Duty Station Co	de	39. Duty Station (Ci		– State or Ov	erseas Loca	ttion)					
48-1730-113		Dallas Dallas TX									
40. Agency Data 556	41. 42. 08/06/2006		43. AYM AI	RK	44. PAR	Number:					
45. Remarks Annual Awar			AIMA	DK	TAK	vumber	•				
46. Employing Depa	rtment or Agency			50. Signatu	re/Authent	ication a	nd Title o	f Approving	g Official		
Environmental P				Swift,Do					-		
47. Agency Code	48. Personnel Office ID	49. Approval Date 3/5/2008		Human l		s Office	er				



11 W Supp. 250 55, Sub	CH. Y										
1. Name (Last, First,	Middle)			2. Social	l Security Nu	(1 ) ( )	. Date of I	Birth	4. Effective	e Date	
Jones,Johnnie M.						(b) (6)			11/8/2	007	
FIRST ACTIO	ON			SECON	ND ACT	ION					
5-A. Code	5-B. Nature of Action			6-A. Code	•	6-B. Natu	re of Actio	on			
849	Individual Cash Award NRI	3									
5-C. Code	5-D. Legal Authority			6-C. Code	•	6-D. Lega	al Authori	ity			
5-E. Code	5-F. Legal Authority			6-E. Code		6-F. Lega	ıl Authori	ty			
7. FROM: Position	Fitle and Number			15. TO: Po	osition Title	and Numbe	r				
Information Tech 004397 00032475	nnology Specialist			Inform 004397 000324		ınology Sp	oecialist				
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or Rate	12. Total Salary	13. Pay Basis	16. Pay Plan		ode 18. Gr	ade or Lev	el 19.Step or Ra	te 20. Total Sa	lary/Award	21. Pay Basis
GS 2210	13 05	89,036.00	PA	GS	2210	1.		05	1,000.00		
12A. Basic Pay	12B. Locality Adj. 12C. Adj.	Basic Pay 1	2D. Other Pay	20A. Basic F	Pay	20B. I	Locality Ad	j. 20C. Adj	. Basic Pay	20D. Other l	Pay
75,879.00	13,157.00 89,036	.00	0	75,879.	.00	13,	157.00	89,03	6.00	\$0	
14. Name and Locat 0000003542 Environmental Pr Region 6 Dallas,	ion of Position's Organization			00000035	nental Prot			zation			
Multimedia Plann Strategic Planning Management Sect				Strategic	dia Plannin Planning/I nent Sectio	nformatio		v.,			
Dallas TX USA	D. T.			Dallas TX	X USA						
EMPLOYEE 23. Veterans Prefere				24. Tenure			25 4	Agency Use	26 Votoros	ns Preference	for DIE
(b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 5	- 10Point/Other - 10Point/Compensable/	30%	1	0 - None 1 - Permanent	2 - Condition 3 - Indefinite	al	rgency Use		(b) (6)	
27. FEGLI	(b) (6)			28. Annuit	ant Indicato (b) (6)					te Determina 0 Regular R	
30. Retirement Plan		31 Service Co	mp. Date (Leave)	32. Work 5					-	ime Hours Pe	
		(b) (6							00	Biweekly	ei
				r .	Full Time				00	Pay Period	
POSITION D.  34. Position Occupio		25 EL CA Co4		26 1	i-dia- Cad				27 Dansais	alas Ilait Sta	4
1 - Competitive S	Service 3 – SES General		zempt onexempt	30. Approj	priation Cod	e			0011	ning Unit Sta	tus
1 2 - Excepted Ser  38. Duty Station Co-		1, ,,	on (City – County	– State or O	Overseas Loc	ation)			1		
48-1730-113		Dallas Dalla	s TX USA								
40. Agency Data 556	41. 4 08/06/2006	2.	43. AYM A	вк	44. PAR	Number:					
45. Remarks					'						
46. Employing Depa	rtment or Agency			50. Siona	ture/Authen	tication and	l Title of 4	Approving Offi	icial		
Environmental P				_	, John T	cusion and		-Phroting OII			
47. Agency Code	48. Personnel Office ID	49. Approval	Date	-	Resource	s Officer					
EP00	3262	11/8/2007									



11 M Supp. 220 33, Sub	-114-4				
1. Name (Last, First,	Middle)		2. Social Securi	ty Number 3. Date of Birth	4. Effective Date
Jones,Johnnie M.				(b) (6)	9/13/2008
FIRST ACTIO	)N		SECOND A	CTION	
5-A. Code	5-B. Nature of Action		6-A. Code	6-B. Nature of Action	
302	Retirement-Voluntary				
5-C. Code	5-D. Legal Authority		6-C. Code	6-D. Legal Authority	
USM	5 U.S.C. Chapter 84		( 7 0 )	( 5 )	
5-E. Code	5-F. Legal Authority		6-E. Code	6-F. Legal Authority	
7. FROM: Position 1 Information Tech 004397			15. TO: Position	Title and Number	
00032475 8. Pay Plan   9. Occ. Cod	e 10. Grade or Level 11. Step or Rate 12	. Total Salary 13. Pay Basis	16. Pay Plan 17. 0	Occ. Code 18. Grade or Level 19.Ste	ep or Rate 20. Total Salary/Award 21. Pay Basis
GS 2210		95,069.00 PA	10. Fay Flan 17.	occ. Code 18. Grade of Level 19.Ste	ep or Rate 20. Total Salary/Awaru 21. Fay basis
12A. Basic Pay	12B. Locality Adj. 12C. Adj. Bas	ic Pay 12D. Other Pay	20A. Basic Pay	20B. Locality Adj. 2	OC. Adj. Basic Pay 20D. Other Pay
80,065.00	15,004.00 95,069.00	0			
DeptID: 00000035 Environmental Pr Region 6 Dallas,	ing & Permitting Div., /Information		22. Name and Loc	cation of Position's Organization	
EMPLOYEE	DATA				
23. Veterans Prefere (b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 5 - 10	−Point/Other Point/Compensable/30%	24. Tenure 0 - None 1 - Perma	2 - Conditional 3 - Indefinite 8	Use 26. Veterans Preference for RIF (b) (6)
27. FEGLI	•		28. Annuitant Ind	licator	29. Pay Rate Determinant
	(b) (6)		(b)	(6)	0 Regular Rate
30. Retirement Plan		31. Service Comp. Date (Leave)	32. Work Schedul	le	33. Part-Time Hours Per
K FERS and	FICA	(b) (6)	F Full Ti	ime	00 Biweekly Pay Period
POSITION D	ATA				
34. Position Occupie	ed	35. FLSA Category	36. Appropriation	1 Code	37. Bargaining Unit Status
1 - Competitive S 2 - Excepted Ser		E - Exempt N - Nonexempt			0011
38. Duty Station Cod		39. Duty Station (City - County	- State or Oversea	s Location)	
48-1730-113		Dallas Dallas TX USA			
40. Agency Data 556	41. 42. 08/03/2008	43. AYM A		4. PAR Number:FY08-0420	
	address:  ayment to be made for retirement:	(b)(6) any unused annual (b)(6)	leave.		
			,		
46. Employing Depar				uthentication and Title of Approvi	ing Official
Environmental P	rotection Agency		Swift,Doroth	y J.	
47. Agency Code EP00	48. Personnel Office ID 32.62	49. Approval Date 7/14/2008	Human Reso	urces Officer	



Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management

FPM Supp. 296-33, Sub	ch. 4												
1. Name (Last, First,	, Middle)					2. Socia	al Security	/4		h	4. Effective		
Jones, Johnnie M.									0) (6)		8/3/20	008	
FIRST ACTIO						SECO							
5-A. Code 893	5-B. Nature of Action Reg WRI	n				6-A. Cod	e	6	B. Nature of Action				
5-C. Code	5-D. Legal Authority					6-C. Cod	e	6-	-D. Legal Authority				
Q7M 5-E. Code	Reg 531.404. Wit		crease.			6-E. Cod	e	6-	-F. Legal Authority				
27 30 40	o 1122egariianii,					0 2000			,				
7. FROM: Position 7 Information Tech 004397 00032475	Fitle and Number Inology Specialist						7		Number logy Specialist				
8. Pay Plan 9. Occ. Cod		-	-	- 1	Pay Basis PA	16. Pay Pla		cc. Code	18. Grade or Level				21. Pay Basis
GS 2210 12A. Basic Pay	13 12B. Locality Adj.	05 12C. Adj. Bas	92,352.00		her Pay	GS 20A. Basic		10	13 20B. Locality Adj.	06 20C. Adj. l	95,069.	20D. Other	PA r Pay
77,777.00	14,575.00	92,352.0		0	mer 1 ay	80,065	-		15,004.00	95,069		\$0	1 ay
DeptID: 00000035 Environmental Pr Region 6 Dallas,	ing & Permitting D g/Information	100				DeptID: Environ Region 6	0000003 mental F 5 Dallas, edia Plan c Plannir ment Sec	542 C Protecti ming & ng/Info	Position's Organizati Org Cd: 90684100 ion Agency Permitting Div., rmation				
EMPLOYEE						T							
23. Veterans Prefere (b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 4 - 10-Point/Compensal		0Point/Other 0Point/Compensal	ble/30%		24. Tenui	re 0 – None 1 – Perman		Conditional Indefinite 8	ncy Use	26. Vetera	ns Preferen (b) (d	ce for RIF
27. FEGLI						28. Annui	/4	\ ( < \			•	ite Determir	
30. Retirement Plan		(6)	21 0	C D	-1. (I )	32. Work		) (6)				0 Regular	
			31. Service (b)	(6)	ate (Leave)	F F	Full Tir				00	Time Hours Biweekly	
K FERS and POSITION D.						F	run III	iie			UU	Pay Period	
34. Position Occupio			35. FLSA C	ategory		36. Appro	priation	Code			37. Bargai	ning Unit St	atus
1 - Competitive S		erved		– Exempt – Nonexemp	pt						0011		
38. Duty Station Co. 48-1730-113	de		39. Duty Sta	,		- State or	Overseas	Locatio	n)				
40. Agency Data	41.	42.	Danas Dan	nas IA	43.		44.						
556	08/03/2008				AYM A	BK	PA	AR Nui	mber:				
The waiting	rmance is at g period for be changed b nt.	your nex	kt withi	n-gra	de inc	rease .	is 104						
46. Employing Depa									tion and Title of App	oroving Offic	ial		
Environmental P 47. Agency Code	48. Personnel Office	ID	49. Approv	al Date		-	Dorothy n Resou		Officer				
EP00	3262		8/3/2008			Liuma	sou						

11 M Supp. 250 55, Sub	CH. 4														
1. Name (Last, First,	Middle)					2. Soci	ial Se	curity Nu	<b>/1</b> \ <b>/</b>		e of Bir	th	4. Effectiv	e Date	
Jones,Johnnie M.									(b) (	(6)			1/6/20	800	
FIRST ACTIO	ON					SECC	ND	ACTI	ON						
5-A. Code	5-B. Nature of Action					6-A. Co	de		6-B.	Nature of	Action				
894	Gen Adj														
5-C. Code	5-D. Legal Authority					6-C. Co	de		6-D	. Legal Au	ıthority				
QWM	Reg 531.205. Pay convat	ime of a	nnual pay	adj											
5-E. Code ZLM	5-F. Legal Authority E.O. 13454					6-E. Co	de		6-F.	. Legal Au	thority				
7. FROM: Position						15. TO:	Positi	on Title a	nd N	umber					
Information Tech	mology Specialist					Infor	mati			gy Specia	alist				
004397 00032475						00439 00032									
8. Pay Plan 9. Occ. Cod	e 10. Grade or Level 11. Step or R	ate 12. Tota	al Salary	13. P	ay Basis	16. Pay Pl		17. Occ. Co	ode	18. Grade o	or Level	19.Step or Ra	te 20. Total Sa	lary/Award	21. Pay Basis
GS 2210	13 05	89,03	36.00	PA	4	GS		2210		13		05	92,352.0	00	PA
12A. Basic Pay	12B. Locality Adj. 12C. Ad	j. Basic Pay	y 1	2D. Oth	er Pay	20A. Basic	e Pay			20B. Local	ity Adj.	20C. Adj.	Basic Pay	20D. Othe	r Pay
75,879.00	13,157.00 89,03	6.00		0		77,77	7.00			14,575	.00	92,35	2.00	\$0	
14. Name and Locat	ion of Position's Organization					22. Name	e and	Location	of Po	sition's O	rganiza	tion			
0000003542	notantian Amanay					0000003		tal Duate							
Environmental Pr Region 6 Dallas,	otection Agency					Region			ection	1 Agency	,				
	ing & Permitting Div.,									Permittin	g Div.,				
Strategic Planning Management Sect								anning/In t Section		nation					
Dallas TX USA	ion					Dallas T									
EMPLOYEE	DATA														
23. Veterans Prefere	nce 3 - 10-Point/Disability	5 - 10-Point	t/Other			24. Tenu	re   0 - N	ione	2 Co	nditional	25. Ag	ency Use	26. Vetera	ns Preferen	ce for RIF
2 - 5-Point	4 - 10-Point/Compensable		t/Compensable/3	i0%		1		'ermanent		definite	8			(b) (6)	
27. FEGLI	(b) (6)					28. Annı	iitant	Indicator (b) (6						te Determin	
													1	0 Regular	
30. Retirement Plan		31.	Service Cor		te (Leave)	32. Worl	k Sch	edule					33. Part-T	ime Hours Biweekly	Per
K FERS and	FICA		(b) (	(0)		F	Ful	ll Time					00	Pay Period	l
POSITION D.	ATA												,		
34. Position Occupie		35.	. FLSA Cate	gory		36. Appr	opria	tion Code	e				37. Bargai	ning Unit S	tatus
1 - Competitive S 2 - Excepted Ser		1	$\mathbf{E} = \begin{bmatrix} \mathbf{E} - \mathbf{E} \\ \mathbf{N} - \mathbf{N} \end{bmatrix}$	xempt onexempt									0011		
38. Duty Station Co	de	39.	Duty Statio	n (City	- County	- State or	Over	rseas Loca	ation)				'		
48-1730-113		Dal	llas Dallas	TX	USA										
40. Agency Data	41.	42.			43.			44.							
556	08/06/2006				AYM A	BK		PAR I	Numl	ber:					
45. Remarks															
Salary incl	ludes a general in	crease	e of 2.	.5 pe	ercent	and a	10	calit	ур	ayment	t app	olicable	e in th	is area	a.
46. Employing Depar	rtment or Agency					50. Sign	natur	e/Authent	ticatio	n and Tit	le of Ap	proving Offi	cial		
Environmental P	rotection Agency					Cople	y, Jo	ohn T							
47. Agency Code	48. Personnel Office ID	49.	. Approval l	Date		Huma	ın R	esource	s Off	ficer					
EP00	3262	1/	/6/2008												

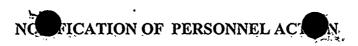


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	Last, First, Midd	le)							2. Social Se	cunty Number	(b) (6)	ate of Burth		4. Effective Da	
25.1	ohnnie M.			44 - 7 - 7 - 7 - 7 - 7		2 - 5	24,	- W ·	(00000	المتعادة المتعاد				06-10-20	)07
	ACTION		4.25			<u> </u>	154 .	ر بری آب مقادم		ND ACT	*****		· · · · · · ·	The section	
5-A. Code 892	5-B. Nature Irreg I	Perf Pay	•					,	6-A. Code	0-B, Nati	are of Action			7	
5-C, Code RBM		31.501.					•		6-C. Code	6-D. Leg	al Authority				
5-E. Code	5-F, Legal	y increase Authority	<u>-</u>	<u>_</u>					6-E. Code	6F. Leg	d Authority	v 4 i	•	4 5 44	<del></del>
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\$73,647.	.00	\$12,770	0.00	\$86	5,417.00		so		\$75,87	9.00	\$13.1	57.00	\$89,03	6.00	\$0
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EMPLO	YEE DA	TA	· • • · • · • • • • • • • • • • • • • •		* 1.				Treat		الروبي	** **	ر المانيونية و الأوليا أما		the state of the s
23. Veterans I		2 100	-!40!	••		Point/Other		,	24, Tenure	0-None	2-Conditional	25. Ager	cy Use	26, Veterans Preferen	4 43
(b) (6)	1-None 2-5 Point	4-10 Pc	oint/Disabil oint/Compe	nsable		Point/Compen	sable/30	%	1	1-Permanen	t 3-Indefinite	1 8	,		
27. FEGLI	_		(b)	(6)					28. Annuita		) (6)		-	29. Pay Rate Determ	
			(b)	(0)		21 Samino C	ome Da	20(1.00)	32, Work S		o) (6)	_		0 D Regu	llar Rate
30. Retiremen						31, Service C	b) (6		-	l			<b>⊢</b>		Pay Period
K	FERS an		y 1	-2 - ~			•;		F	Full Ti	me		2 4 2 2 4 3	00	<u>,                                      </u>
POSITI 34. Position C	ON DAT	A	·	î		35. FLSA Ca	· ·	<u> </u>	I 36 Appropri	iation Code	<u> </u>	* . * -	<u></u>	37, Bargaining Unit	Status
1	1-Competitive 2-Excepted Se		-SES Gene -SES Care		ed –	Е	E-E N-N	cempt onexempt	State of Overse.		-			0011	,
38. Duty Stati				-	, !	39. Duty Stati			State of Overse	is Eucation)					
48-1730						Dallas	Dallas	TX USA		44.			-	**	
40. Agency D 556	1212	41.	5-2006		42.			43. AYM A	RK		umber:			,i	
45. Remarks		08-00	3-2000				J.	AIMA	DK	TAKI	umoci.	·	•	<del></del>	
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Environ	g Department or mental Prote	ection Age							50. Signatur	e/Authenticatic	n and Title of A	pproving OII	icial		
	mental Prote	ection Age	ency Personnel C	Whice ID		49. Appro	val Date		for con	e/Authenticatio	سيدو	pproving Off	icial	<del></del>	

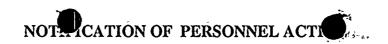
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I. Name (I	ast, First, Midd	lie)	7					2. Social Se	cunty Number	3. D	ite of Birth		4, Effective I	Date	
1	hnnie M.	•							•	(b) (6)			01-07-2	007	
<del></del>	ACTION	ľ.		*			·	SECO	ND ACTI	, , , , , , , , , , , , , , , , , , , ,					
5-A. Code	5-B. Nature							6-A. Code		re of Action					
894	Gen A	dj													
5-C. Code	5-D. Legal	Authority						6-C. Code	6-D. Lega	Authority					
QWM			Pay conv												
5-E. Code	5-F, Legal		al pay adj	<u> </u>				6-E. Code	6-F, Legal	Authority					
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8.Pay Plan 9.0	oc. Code   10.0	irade or LvI	11.Step or	Rate 12.To	otal Salary		13.Pay Basis	16.Pay Plan	17.Occ, Code	8.Grade or Lvl	19.Step or R	ate 20.Te	otal Salary/Award		21.Pay Basis
GS 2	210	13	04		\$84,283.00		PA	GS	2210	13.	04		\$86,417.00		PA
12A, Basic Pay		12B. Loca	lity Adj.	12C. Adj. 1			Other Pay	20A. Basic Pa	y	20B. Loca	lity Adj.	20C. Adj. I	Basic Pay	20D. O	ther Pay
\$72,414	.00	\$11,86	69.00	. \$84,3	283.00	so		\$73,64		\$12,7		\$86,	417.00	\$0	
1	Location of Po	•			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				nd Location of P	-					
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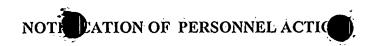
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Standard Form 50
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U.S. Office of Personnel Management
Guide to Processing Personnel Actions, Chapter 4

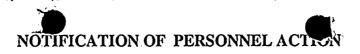


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2 - OPF Copy - Long-Term Record - DO NOT DESTROY Editions Prior to 7/91 Are Not Usable After 6/30/93







	ast, First, Middle	cuons, Chapter 4	,				2. Social Sec	runty Number	3. Da	te of Birth		4. Effective D	ate
	hnnie M.	•,					2 Social St	the contract (b)		W 01 DE 41		01-09-2	
	ACTION	<del>i, caappy yi</del>	- + +	* *1 11 7 5 60 7 7	+11 - 4000437		SECO	ND ACTIO	N	. + (4)	*	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	real parties of the section of the s
5-A. Code 002	5-B. Nature Correct		'E J I D				6-A. Code 894	6-B. Nature o Pay Adj					
. 5-C. Code	5.D. Legal /	uthority					6-C. Code	6-D. Legal A		•		1 1	
			<b>4</b> € €				QWM	Reg 531.2 at time of					
5-B. Code	5-F. Legal A	uthority				•	6-E. Code	6-F. Legal Av E.O. 1328	thonty	, .			,
			-				ZLM	E.O. 1526					
	ition Title and N							ition Title and Nur					
	tion Technol e: 004397	ogy Specialist	Positio	on: 000324	175		Job Co	ation Technolo de: 004397	ogy Specia	alist	Posit	ion: 000324	75 .
8.Pay Plan 9.Oc	c. Code 10.Gr	ade or Lvl 11.Step or	Rate 12.Total Salar	ıy	13.Pa	y Basis	16.Pay Plan	17.Occ. Code 18.0	Grade or Lvi	19.Step or I	Rate 20.Total	Salary/Award	21.Pay Basis
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\$66,627.		\$10,041.00 ition's Organization	. \$76,668.00	, ,	\$0		\$66,62°	d Location of Posi			\$70,000	5.00	,
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27. FEGLI	2-5 Point	4-10 Point/Comp	ensable 6-10	Point/Compensa	able/30%		28. Annuita		Indefinite			29, Pay Rate Deter	nunant "
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30. Retiremen		,		31. Service Cor	nys Date (Leav ) (6)	e)	32. Work Sc		•		<b>├</b>	33. Part-Time Hou	s Per Biweekly Pay Period
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34. Position C	ON DAT	A ; .	بريوري المراجع	35. FLSA Cate		v ·	36. Appropr	iation Code	إفية	• • •	· · · · · · · · · · · · · · · · · · ·	37. Bargaining Uni	
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48-1730				•	allas TX U	•		,					
40. Agency D		41.	42.		43.	-	-	44,					
556 45, Remarks		08-08-2004			A'	YM A	BK	PAR Nun	iber:		<del></del>		
- Also c - Correc	orrects same ts item 26 fr		nnel action 893	WGI dated	10-03-04.		50, Signatu	re/Authentication a	nd Title of A	pproving Off	icial ———		
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47, Agency C		48. Personnel	Office ID	49, Approva	al Date		1	Ph	. ~		opl		
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Standard Form 50-B Rev. 7/91

U.S. Office of Personnel Ma FPM Supp. 296-33, Subch.	nagement 4	OTIFICATION	OF	PERSONNI	EL ACTIO	Ņ.		
1. Name (Last, First, Middle)	) `		المعطى	2. Social Security		3. Date of Birth	4. Effective Date	<del></del>
"YONES" YOH	NIE M.	*** ** ** ** ** ** ** ** ** ** ** ** **		OF COUR A	(b) (6	1)	08-08-0	<u>)4</u>
FIRST ACTION 5-A. Code   5-B/Nature of A	action			SECOND A 6-A. Code 6-B. N			- 	'
893 WITHIN	-GRADE INC			6-C. Code 6-D. L	onal Authorite	<del> </del>		
Q7M REG 53	•	-		o.c. code o.b. L	egai Authonty	_		
5-E. Code   5-F. Legal Author			<del></del>	6-E. Code 6-F. L	egal Authority			
7. FROM: Position Title	and Number		- *	15. TO: Positio	on Title and Nu	mber	· ·	
0032475			;	003247	5			
INFORMATION	TECHNOLOGY	SPECIALIST				CHNOLOGY S	PECIALIST	
8. Pay Plan 9. Occ. Code 10. Grad	de/Level 11. Step/Rate 12.	Total Salary	13. Pay Basis	16. Pay Plan 17, Occ. Co	`			ay Basis
	LOCAÍTY Adj. 12C. Adj.	\$71617.00 Basic Pay   120, Other Pa	PA_	GS 221 ( 20A. Basic Pay	0 13 1208. Locality A			<u> </u>
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70684100	osmons Organization			906841		s Organization	**	
EPA, REGION	6 DALLAS,	•			EGIÓN 6	DALLAS,		
MULTIMEDIA F	PLANNING & P		IV.	-			RMITTING DIV	<i>,</i> ,
STRATEGIC PL	• • • • • • • • • • • • • • • • • • • •			*		NING/INFOR	MATION	
MANAGEMENT S		1, **		•	MENT SEC TEXAS		<b>64</b>	
<b>EMPLOYEE DATA</b>					m n m n		man and the state of the state	
23, Veterans Preference (b) (6) 1 - None	3 = 10-Point/Disability	5 - 10-Point/Other		24. Tenure 0 • Non		25. Agency Use	26. Veterans Preference (b) (6)	for RIF
2-5-Point 27. FEGLI	4 - 10-Point/Compensable	6 - 10-Point/Compens	able/30%	1 1 - Perm 28. Annuitant Indi		8	29, Pay Rate Determi	inant
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30. Retirement Plan		31. Service Comp. U				J	33, Part-Time Hours Biweekly	/
K FERS & POSITION DATA	FICA	(b) (	0)	F. EUI	LL TIME_	for the description polaries steps, it is a second of	OO Pay Perk	od 🔠
34. Position Occupied	graph and the designment of the second of th	35. FLSA Categor		36. Appropriation	Code	n. magin am u yanga kan ummu u	37. Bargaining Unit S	Status
1 - Competitive S 2 - Excepted Sen	ervice 3 - SES Géneral vice 4 - SES Career Reser		exempt	040		8520	0011	
38. Duty Station Code		39. Duty Station (	-		as Location)	t	*	
48-1730-13 40. AGENCY DATA	41.	1 DAL	1.AS,  43.	TEXAS	44.	<del> </del>	-	
556	08-08-04		i	ABK	B	94° Y 01-0	4-98 A	
45. Remarks		•						
WORK PERFORM								
THE WAITING FROM THE ABO							WEEKS FOUTU-	
ALENT INCREA	SE ACTION,	EXTENDED LEA	AVE W	ITHOUT PA	AY, OR N	ÖN-WÖRK DA	YS IF	
INTERMITTENT								
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46 Employing Donortment		<u> </u>		(22.0)		le of Approving Official		

ENVIRONMENTAL 47. Agency Code | 48. Per PROTECTION AGENCY
onnel Office ID 49, Approval Date 48. Personnel Office ID 08-08-04 EP 00

able After 6/30/93 /540-01-333-6237

Stan	idard Form 50-B
Rev.	. 7/91
U.S.	Office of Personnel Management
FPM	Supp. 296-33, Subch. 4

FPM Supp.	296-33, Sut	och. 4		NOII	FICATIO	M OF L	EUOC	MAIAE	L ACIT	)IN			
1. Name (La JONE	est, First, Miles S, JC	ddie) DHNNIE	м.			····	2. Secial C		(b) (	( <del>6</del> )	of Disk	4. Effective Da	11-04
FIRST A	ACTION					•	SECO	ND AC	TION	1		T	· · · · · ·
5-A. Code 002		of Action RECTIO	N				6-A. Code 874		ture of Action AY ADJ				
5-C. Code	5-D. Legal	Authority					6-C. Code QWM	6-C. Code 6-D. Legal Authority QWM REG 531. 205					
5-E. Code	5-F. Legal	Authority					6-E. Code 6-F. Legal Authority ZLM						
7. FROM:	Position '	Title and N	umber						Title and Nu		OGY SP	ECIALIS	т
8. Pay Plan 9.	Occ. Code 10	), Grade/Level	11. Step/Rate	12. Total Sala	ry	13. Pay Basis	16. Pay Plan 1 GS	7.0x.00 22 <b>10</b>	18, Grade/Level 13	19. Step/Rat O 1	20. Total Sa	lary/Award 1617. 00	21. Pay Basis PA
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23. Veterar (b) (6)	YEE DA ns Preference 1 - None 2 - 5-Point	3 - 10-	Point/Disability Point/Compense		5 - 10-Point/Other 6 - 10-Point/Comp		24. Jenuro	0 - None 1 - Perma	2 - Condit		gency Use	(b)	Preference for RIF
27 FEGU					(b) (6)		28. Annuit	ant Indica	ator			29. Pay Hat	e Determinant
30. Retirem	- ·· ·	& FIC	A		31. Sandan Com	) (6)	32. Work	Schedule	L TIME		•	33. Part-Tim	e Hours Per Biweekly Pay Period
~ .	ON DAT n Occupied 1 - Competi 2 - Excepted	tive Service	3 - SES Genera 4 - SES Caréer	1		gory Exempt Nonexempt	36.·Appro	priation C	ode	8520		37. Bargain	ng Unit Status
38, Duty St 48	ation Code -1730-	-113			39. Duty Static	ALLAS,	TEXA	Sverseas S	Location)				
40. AGEŊÇ	Y DATA	41.08	-10-03	42.	201	⁴Ã́ҮМ	ABK	ľ	14.09-11-	-94 Y	01-04	-98 A	
45 Remark SALAF LOCAL		LUDES			NCREAS		-	RCEN	T AND A	4			

50. Signature/Authentication and Title of Approving Official 46. ENVIRONMENTACOPROTECTION AGENCY 47. Agency Code EP 00 48, Personnel Office ID 3-Part

50-315

This is an 'official' document generated from the eOPF system.

Standard Form 50-B	
Rev, 7/91	
U.S. Office of Personnel Management	
FPM Supp. 296-33, Subch. 4	

	the second of th
1. Name (Last, First, Middle)	2. Social Security Number 3. Date of Birth 4. Effective Date
JONES, JOHNNIE M.	(b) (6) 01-11-04
FIRST ACTION	SECOND ACTION
5-A. Code   5-B. Nature of Action	6-A. Code 6-B. Nature of Action
874 PAY ADJ	
5-C, Code 5-D, Legal Authority	6-C, Code 6-D, Legal Authority
QWM REG 531. 205	
5-E. Code 5-F. Legal Authority	6-E. Code 6-F. Legal Authority
. 'ZLM E. O. 13322	
7. FROM: Position Title and Number	15. TO: Position Title and Number
0032475	0032475
INFORMATION TECHNOLOGY SPECIALIST	INFORMATION TECHNOLOGY SPECIALIST
8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary 13. Pay Basis	16. Pay Plan 17, Occ. Code 18. Grade/Level 19. Step/Rate 20. Total Salary/Award 21. Pay Basis
GS 2210 13 01 \$68662.00 PA	G\$ 2210 13   01   \$70090.00   PA
-12A, Basic Pay 12B, Locality Adj. 12C, Adj. Basic Pay 12D, Other Pay	20A. Basic Pay 20B/Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay
· 61251.00 7411.00 68662.00	62170.00 7920.00 70090.00
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
90684100	906B410Q
EPA, REGION 6 DALLAS,	EPA, REGION 6 DALLAS,
MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERMITTING DIV.,
STRATEGIC PLANNING/INFORMATION	STRATEGIC PLANNING/INFORMATION
MANAGEMENT SECTION	MANAGEMENT SECTION
DALLAS, TEXAS	DALLAS, TEXAS
EMPLOYEE DATA	
23. Veterans Preference	24. Tenure 25. Agency Use 28. Veterans Preference for RIF
(b) (6)  None 3 • 10-Point/Disability 5 • 10-Point/Other 4 • 10-Point/Compensable 6 • 10-Point/Compensable/30%	1 1 - Permanent 3 - Indefinite B) (b) (6)
*27. FEGU	28. Annultant Indicator 29. Pay Hate Determinant
(b) (6)	<b>○ O.</b>
30, Retirement Plan 31. Service Comp. Date (Leave).	33. Part-Time Hours Per Blweekly
K FERS & FICA (b) (6)	F FULL TIME OO Pay Period
POSITION DATA	The second secon
34. Position Occupied 35. FLSA Category	36. Appropriation Code 37, Bargaining Unit Status
1 - Competitive Service 3 - SES General E - Exempt 4 - SES Career Reserved E N - Nonexempt	8520 0011
38. Duty Station Code 39. Duty Station (City - Count	y - State or Overseas Location)
48-1730-113 DALLAS	TEXAS
40. AGENCY DATA 41. 42. 43.	44.
556 08-10-03 AYI	1 ABK 09-11-94 Y 01-04-98 A
45≀ Remarks	•
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SALARY INCLUDES A GENERAL INCREASE OF 1.5 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.

46. Employing Department or Agency	50. Signature/Authoritication and Title of Approving Official
ENVIRONMENTAL PROTECTION AGENCY	J. Copley
47. Agency Code 48. Personnel Office ID 49. Approval Date	
EP 00 3262 01-11-04	PERSONNEL MGMT SPECIALIST
	able After 6/20/0

Stan	dard Form 50-B
Rev.	7/91
U.S.	Office of Personnel Management
<b>FPM</b>	Sunn 296-33 Subch 4

1. Name (Last, First, Middle)	) ^		, ,	,	2. Social S	Security Nu	mber	3, Date of	Birth 14.	Effective Date	<del>, , , , , , , , , , , , , , , , , , , </del>
JONES, JOHN							(b) (6)			08-1	0-03
FIRST ACTION	1174-111		~		SECO	ND AC	TION	X			7 70
5-A. Code   5-B. Nature of A	Action		•	v-			re of Action	~	-		
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5-C. Code   5-D. Legal Auth		<u> </u>	1		6-C. Code	6-D. Leg	al Authority				<del></del>
, -	35. 102 RECL	ASS			ł		·		_		
5-E. Code   5-F. Legal Auth					6-E, Code	6-F. Lega	Authority.				
7. FROM: Position Title	and Number			• • •	15. TO:	Position	Title and Nur	nber	-		
0009326	•				lóoз	2475					
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•											
8. Pay Plan 9. Occ. Code 10. Gra	de/Level 11. Step/Rate	12, Total Sal	ary	13. Pay Basis	16. Pay Plan 1	7.000.Code	18. Grade/Level	19, Step/Rate	20. Total Salary/Av	vard	21, Pay Basis
GS 0028 1	2 04	\$6	3515. 00	PA	GS	2210	13	01	\$686	52. OO	PA
12A: Basic Pay 12B.	Locality Adj. 12C.	Adj. Basic Pa	y 12D. Other F	ay	20A. Basic F	ay	208. Locality Ad	j. 20C	Adj. Basic Pay	20D. Other I	Pay
56659.00 d	854.00	63515.	00		612	51.00	741	L. 00   6	48442. O	<b>)</b>	
14. Name and Location of F	osition's Organization		*		22. Name and Location of Position's Organization						
90684100	*				90684100						
EPA, REGION	6 DALLAS,				EPA, REGION 6 DALLAS,						
MULTIMEDIA F	LANNING &	PERM	ITTING D	IV., 🤄	MUL.	TIMED	IA PLAN	NING 8	& PERMI'	TTING	DIV.,
STRATEGIC PL	ANNING/IND	ORMA'	rion		STR	ATEGI	C PLAN	/ING/II	NFORMAT	ION	
MANAGEMENT S	SECTION				MAN	AGEME	NT SECT	LION			
DALLAS, TEXA	\S				DALI	_AS,	TEXAS				
<b>EMPLOYEE DATA</b>		, -									
23. Veterans Preference	A A Defendence like	-	5 40 Dalasion		24. Tenure		2 - Conditio		ncy Use 2	6. Veterans Pre	
(b) (6) 1 - None 2 - 5-Point	3 - 10-Point/Disability 4 - 10-Point/Compensa	ble	5 = 10-Point/Other 6 = 10-Point/Compen	sable/30%	1	0 - None 1 - Perman	ent 3-Indefinite		1	(b)	(0)
27. FEGLI					28. Annuit	ant Indicat	(b) (6)		[2	9. Pay Rate D	Determinant
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30. Retirement Plan			31, Service Comp.		32. Work	Schedule		,	.e L	3. Part-Time	Hours Per weekly
K FERS &	FICA		(b) (	(6)	F	FULL	TIME		-J. $A$		ay Period
POSITION DATA		~~		,	•					د يسبو	
34. Position Occupied	ervice 3 - SES General		35. FLSA Catego	ry :	36. Appropriation Code 37. Bargaining Unit Status						
1 2 - Excepted Ser			E N-Nor	nexempt	- This	April 1-	Market Pro-	8520		001	1
38, Duty Station Code			39. Duty Station	• • •	•	1	ocation)	¥	ę.		
48-1730-11	13		DAI	LLAS,	TEXA	3			<b>&gt;</b> -		
40. AGENCY DATA	41,	42.		43,		44	-	u	<u>.</u>	, ,	
556	08-10-03			AYM	ABK		09-11-	74 Y (	01-04-9	<u>3 A</u>	<u></u>
45. Remarks		<del></del>		, -				,			

RESULT OF ADDITIONAL DUTIES AND RESPONSIBILITIES.

able After 6/30/93 7540-01-333-6237

FPM Supp. 296-33, Subch. 4 NOTIFICATION OF I	SERSONNEL ACTION				
1. Name (Last, First, Middle)  JONES, JOHNNIE M.	2. Social Security Number 3. Date of Birth 4. Effective Date 04-20-03				
FIRST ACTION	SECOND ACTION				
5-A. Code   5-B. Nature of Action	6-A. Code 6-B. Nature of Action				
893   WITHIN-GRADE INC					
5-C. Code   5-D. Legal Authority	6-C. Code 6-D. Legal Authority				
Q7M   REG 531.404					
5-E. Code   5-F. Legal Authority	6-E, Code 6-F, Legal Authority				
*					
7. FROM: Position Title and Number	15. TO: Position Title and Number				
0009326	0009326				
ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION SPECIALIST				
4.					
8. Pay Plan 9. Occ. Code 10. Grade/Level   11. Step/Rate   12. Total Salary   13. Pay Basis	16. Pay Plan 17, Occ, Code 18. Grade/Level 19. Step/Rate 20. Total Salary/Award 21. Pay Basis				
GS 0028 12 03 \$61570.00 PA	GS 0028 12 04 \$63515.00 PA				
	20A, Basic Pay 20B, Localty Adj. 20C, Adj. Basic Pay 20D, Other Pay				
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay 54942. OO 6648. OO 61590. OO	56659. 00 6856. 00 63515. 00				
14. Name and Location of Position's Organization 90684100	22, Name and Location of Position's Organization 70684100				
EPA, REGION 6 DALLAS,	EPA, REGION 6 DALLAS,				
MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERMITTING DIV.				
	INFORMATION MANAGEMENT SECTION				
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT OFFICE				
KILLAM TEVAM	DALLAS, TEXAS				
DALLAS, TEXAS	DALLAS IEXAS				
EMPLOYEE DATA					
23. Veterans Preference	24. Tenure 25. Agency Use 26. Veterans Preference for RIF				
(b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 8 - 10-Point/Compensable/30%	0 None 2 Conditional 8				
27. FEGLI	28. Annuitant Indicator 29. Pay Rate Determinant				
(b) (6)					
30. Retirement Plan 31. Service Comp. Date (Leave)	32. Work Schedule 33. Part-Time Hours Per				
FERS & FICA (b) (6)	F FULL TIME OO Biweekly Pay Period				
POSITION DATA					
34. Position Occupied (35. FLSA Category	36. Appropriation Code 37. Bargaining Unit Status				
1 - Competitive Service 3 - SES General E E - Exempt N - Nonexempt	0304B 8520 0011				
38. Duty Station Code 39. Duty Station (City - Count	y - State or Overseas Location)				
48-1730-113 DALLAS,	TEXAS				
40. AGENCY DATA 41. 42. 43.	44.				
400 04-20-03 AYM	ABK 09-11-94 Y 01-04-98 A				
45, Remarks					
WORK PERFORMANCE IS AT AN ACCEPTABLE LE	VEL OF COMPETENCE.				
THE WAITING PERIOD FOR YOUR NEXT WITHIN					

FROM THE ABOVE EFFECTIVE DATE. THIS PERIOD CAN BE CHANGED BY AN EQUIV-ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF INTERMITTENT,

46. Employing Department or Agency
ENVIRONMENTAL PROTECTION AGENCY 47. Agency Code EP 00 48. Personnel Office ID

3262

49. Approval Date 04-20-03 50. Signature/Authentication and Title of Approving Official

EQIALIST

able After 6/30/93

7540-01-333-6237

# NOTIFICATION OF PERSONNEL

Pr.M. aupp. 290-33, Subcit. 4	LITOOTHILL AOTTOIN				
1. Name (Last, First, Middle)  JONES, JOHNNIE M.	2. Social Security Number (b) (6) 3. Date of Birth 4. Effective Date O1-12-03				
FIRST ACTION	SECOND ACTION				
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action				
895 LOCALITY PAYMENT	<u> </u>				
5-C. Code 5-D. Legal Authority VGR 5 U. S. C. 5304	6-C, Code 6-D. Legal Authority				
5-E. Code 5-F. Legal Authority	6-E. Code 6-F. Legal Authority				
7. FROM: Position Title and Number	15. TO: Position Title and Number				
0009326	0009326				
ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION SPECIALIST				
8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary 13. Pay Basis GS 0028 12 03 \$60731. 00 PA	16. Pay Plan 17, Occ. Code 18. Grade/Level 19. Step/Rate 20. Total Salary/Award 21. Pay Basis GS 0028 12 03 \$61.570.00 PA				
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay 54942. 00 6648. 00 61590. 00				
14. Name and Location of Position's Organization 90684100	22. Name and Location of Position's Organization 90684100				
EPA, REGION & DALLAS,	EPA, REGION 6 DALLAS,				
MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERMITTING DIV.				
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SECTION				
DALLAS, TEXAS	DALLAS, TEXAS				
EMPLOYEE DATA					
23. Veterans Preference  1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-	24. Tenure  0 - None 2 - Conditional 1 - Permanent 3 - Indefinite  25. Agency Use  26. Veterans Preference for BIF				
27, FEGLI	28. Annuitant Indicator 29. Pay Rate Determinant				
(b) (6)	(b) (6)				
30. Retirement Plan  TERS & FICA  31. Sender Comp. Pate (Leave) (b) (6)	32:Work Schedule F FULL TIME 33. Part-Time Hours Per Biweekly Pay Period				
POSITION DATA					
34. Position Occupied  1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved  35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code 8520 37. Bargaining Unit Status 0011				
	ry - State or Overseas Location) TEXAS				
40. AGENCY DATA 41. 04-21-02 42. 43. AYM	1 ABK 44. 09-11-94 Y 01-04-98 A				
45. Remarks SALARY INCLUDES A GENERAL INCREASE OF 3	3.1 PERCENT AND A				

LOCALITY PAYMENT APPLICABLE IN THIS AREA.

46. Employing Department or Agency
ENVIRONMENTAL PROTECTION AGENCY 50. Signature/Authentication and Title of Approving Official 47, Agency Code EP 00 48. Personnel Office ID 49; Approval Date 3262 01-12-03 MGMT.

Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 4  NOTIFICATION OF P	PERSONNEL ACTION
1, Name (Last, First, Middle)	2. Social Security Number (b) (6)
JONES, JOHNNIE M.	01-12-03
FIRST ACTION	SECOND ACTION
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action
894 PAY ADJ	
5-C, Code 5-D, Legal Authority	6-C, Code 6-D. Legal Authority
QWM   REG 531, 205	
5-E. Code 5-F. Legal Authority	6-E, Code 6-F, Legal Authority
ZLM E. O. 13282	
7. FROM: Position Title and Number	15. TO: Position Title and Number
0009326	0009326
ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION SPECIALIST
8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary 13. Pay Basis	16. Pay Plan 17. Occ. Code: 18. Grade/Level 19. Step/Rate 20. Total Salary/Award 21. Pay Basis
GS 0028 12 03 \$59098.00 PA	GS 0028 12 03 \$60931.00 PA
12A, Basic Pay   12B, Locality Adj.   12C, Adj. Basic Pay   12D, Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay
53289. od 5809. oo 59098. od	54942.0d 5989.0d 60931.0d
14; Name and Location of Position's Organization	22. Name and Location of Position's Organization
90684100	90684100
EPA, REGION 6 DALLAS,	EPA, REGION 6 DALLAS,
MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERMITTING DIV.
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SECTION
DALLAS, TEXAS	DALLAS, TEXAS
2	DHEEROI IEANO
EMPLOYEE DATA	24. Tenure   25. Agency Use   26. Veterans Preference for RIF
23. Veterans Preference  (b) (6) 1 - None 3 - 10 Point/Disability 5 - 10 Point/Other 2 - 5 - Point 4 - 10 Point/Compensable 6 - 10 Point/Compensable/30%	24. Tenure  25. Agency Use  26. Veterans Preference for RIF  1 - Permanent 3 - Indefinite  25. Agency Use  26. Veterans Preference for RIF
2.5-Point 4.10-Point/Compensable 6.10-Point/Compensable/30%	28. Annuitant Indicator 29. Pay Rate Determinant
(b) (6)	0
30; Retifement Plan 131. Service Comp. Date (Leave)	
K FERS & FICA (b) (6)	Biweekly
N FERD & FION	F FOLL TIME OO Pay Period

36. Appropriation Code

**TEXAS** 

39. Duty Station (City - County - State or Overseas Location)

AYM ABK

8520

09-11-94

Y 01-04-98

34. Position Occupied

38. Duty Station Code

400

40. AGENCY DATA

1 - Competitive Service

2 - Excepted Service

48-1730-113

3 - SES General

04-21-02

SALARY INCLUDES A GENERAL INCREASE OF 3.1 PERCENT AND A LOCALITY PAYMENT APPLICABLE IN THIS AREA.

42.

35, FLSA Category

N - Nonexempt

DALLAS

50. Signature/Authentication and Title of Approving Official 46. Employing Department or Agency ENVIRONMENTAL PROTECTION AGENCY 48. Personnel Office ID 49, Approval Date 47. Agency Code 3262 01-12-03 PERSONNEL MGMT. EP 00 3-Part 50-315

able After 6/30/93 7540-01-333-6237

37. Bargaining Unit Status

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FPM Supp. 298-33, Subch. 4 NOTIFICATION OF F	the the second s	<u> </u>
1. Name (Last, First, Middle)		4. Effective Date
JONES, JOHNNIE M.	(b) (6)	04-21-02
FIRST ACTION	SECOND ACTION  6-A. Code 6-B. Nature of Action	and proportion of the second seconds.
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action	4
893 WITHIN-GRADE INC. 5-C. Code   5-D. Legal Authority	6-C. Code 6-D. Legal Authority	
97M REG 531. 404	o c. codo o c. coga / tallolly	
5-E. Code   5-F. Legal Authority	6-E. Code 6-F. Legal Authority	*****
	3	
7. FROM: Position Title and Number	15. TO: Position Title and Number	4 1 1 19
0009326	0009326	
ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION S	PECIALIST
	d .	
8. Pay Plan 9. Occ. Code 10, Grade/Level 11, Step/Rate 12, Total Salary 13. Pay Basis	16. Pay Plan 17, Occ. Code 18, Grade/Level 19, Step/Rate 20, Total Salary	. 1
GS .0028 12 02 \$57251.00 PA 12A. Basic Pay 12B. Locatry Adj. 12C. Adj. Basic Pay .12D. Other Pay	GS   OO28   12   O3   \$59   20A. Basic Pay   20B. Locality Adj.   20C. Adj. Basic Pay	098. 00 PA
		r.
/51624. 00   5627. 00   57251. 00   14. Name and Location of Position's Organization	53289. 00 5809. 00 59098. 22. Name and Location of Position's Organization	001
790684100	90684100	, ;
EPA, REGION 6 DALLAS,	EPA, REGION 6 DALLAS,	- xe + x
MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERM	ITTING DIV.
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SEC	TION. «
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DALLAS, TEXAS	DALLAS, TEXAS	The state of the s
EMPLOYEE DATA 23. Veterans Preference	24. Tenure   25. Agency Use _	26. Veterans Preference for RiF
(b) (6) 1 - None 3 = 10-Point/Disability 5 = 10-Point/Other	1 1 - Permanent 3 - Indefinite 8	(b) (6)
2-5-Point 4-10-Point/Compensable 6-10-Point/Compensable/30%	28, Annuitant Indicator	29. Pay Rate Determinant
(b) (6)		0
30. Retirement Plan 31. Service Comp. Date (Leave)	32. Work Schedule	33. Part-Time Hours Per Blweekly
K FERS & FICA (b) (6)	F FULL TIME	OO Pay Period
POSITION DATA	The second secon	los Deselvie Hely Control
34. Position Occupied 35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
1 2 - Excepted Service 4 - SES Career Reserved E N - Nonexempt  38. Duty Station Code 39. Duty Station (City - Count	O2O3B 8520 y - State or Overseas Location)	0011
	· · · · · · · · · · · · · · · · · · ·	
48-1730-113 DALLAS, 40. AGENCY DATA 41. 42. 43.	1EAMS   44.	
·	ABK 09-11-94 Y 01-04-	98 A
45. Remarks	-	
WORK PERFORMANCE IS AT AN ACCEPTABLE LE	VFL OF COMPETENCE.	
	, mm m	
, THE WAITING PERIOD FOR YOUR NEXT WITHIN	-GRADE INCRÈASE IS 52 WE	EKS
THE WAITING PERIOD FOR YOUR NEXT WITHIN FROM THE ABOVE EFFECTIVE DATE. THIS PE	-GRADE INCREASE IS 52 WE RIOD CAN BE CHANGED BY AN EQ	UIV-
THE WAITING PERIOD FOR YOUR NEXT WITHIN FROM THE ABOVE EFFECTIVE DATE. THIS PE ALENT INCREASE ACTION, EXTENDED LEAVE W	-GRADE INCREASE IS 52 WE RIOD CAN BE CHANGED BY AN EQ	UIV-
THE WAITING PERIOD FOR YOUR NEXT WITHIN FROM THE ABOVE EFFECTIVE DATE. THIS PE	-GRADE INCREASE IS 52 WE RIOD CAN BE CHANGED BY AN EQ	UIV-
THE WAITING PERIOD FOR YOUR NEXT WITHIN FROM THE ABOVE EFFECTIVE DATE. THIS PE ALENT INCREASE ACTION, EXTENDED LEAVE W	-GRADE INCREASE IS 52 WE RIOD CAN BE CHANGED BY AN EQ	UIV-
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THE WAITING PERIOD FOR YOUR NEXT WITHIN FROM THE ABOVE EFFECTIVE DATE. THIS PE ALENT INCREASE ACTION, EXTENDED LEAVE W	-GRADE INCREASE IS 52 WE RIOD CAN BE CHANGED BY AN EQ	UIV-
THE WAITING PERIOD FOR YOUR NEXT WITHIN FROM THE ABOVE EFFECTIVE DATE. THIS PE ALENT INCREASE ACTION, EXTENDED LEAVE W INTERMITTENT.	-GRADE INCREASE IS 52 WE RIOD CAN BE CHANGED BY AN EQ	UIV-
THE WAITING PERIOD FOR YOUR NEXT WITHIN FROM THE ABOVE EFFECTIVE DATE. THIS PE ALENT INCREASE ACTION, EXTENDED LEAVE WINTERMITTENT.	-GRADE INCREASE IS 52 WE RIOD CAN BE CHANGED BY AN EQ	UIV-

ENVIRONMENTAL PROTECTION AGENCY
47. Agency Code 48. Personnel Office ID 49. Approval Date

EP 00 3262 04-21-02 PERSUNNEL TREAT SPECIAL IST

3-Part 50-315



U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 4	OTIFICATION OF F	PERSONNEL ACTION	
JONES, JOHNNIE M.	•	2. Social 6. (b) (6) 4. Effective Date (01-1)	3-02
FIRST ACTION 5-A. Code   5-B. Nature of Action 894   PAY ADJ		SECOND ACTION 6-A. Code 6-B. Nature of Action	**
5-C. Code 5-D. Legal Authority QWM REG 531, 205		6-C. Code 6-D. Legal Authority	
5-E. Code 5-F. Legal Authority ZLM E. D. 13249		6-E. Code 6-F. Legal Authority	
7. FROM: Position Title and Number 0009326 ENVIRONMENTAL PROTECTION	SPECIALIST	15. TO: Position Title and Number 0009326 ENVIRONMENTAL PROTECTION SPECIALI	ST
	al Salary 13. Pay Basis \$54668. OO .PA	16 Pay Plan 17, Occ. Code 18. Grade/Level 19. Step/Rate 20. Total Salary/Award \$57.251. OO	21. Pay Basis PA
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Ba 49830. 00 4838. 00 546	Sic Pay 12D, Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other 51624. OO 5627. OO 57251. OO	Pay
90684100 EPA, REGION & DALLAS, MULTIMEDIA PLANNING & PE INFORMATION MANAGEMENT S DALLAS, TEXAS		90684100 EPA, REGION 6 DALLAS, MULTIMEDIA PLANNING & PERMITTING INFORMATION MANAGEMENT SECTION DALLAS, TEXAS	DIV.,
EMPLOYEE DATA  23. Voterans Preference (b) (6) - None 3- 10-Point/Disability - 5-Point 4- 10-Point/Compensable	5 - 10-Point/Other 6 - 10-Point/Compensable/30%	24. Tenure  1 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite  25. Agency Use  26. Veterans Pre  (b)  27. Pay Hate L	(6)
30. Retirement Plan K FERS & FICA	31. Service Comp. Date (Leave) (b) (6)		Hours Per weekly ay Period
POSITION DATA  34. Position Occupied  1 1- Competitive Service 2 - Excepted Service 38. Duty Station Code  3 - SES General 4 - SES Career Reserve		36. Appropriation Code 8520 37: Bargaining OO1	
48-1730-113	DALLAS	TEXAS	5 4 · ·
40. AGENCY DATA 41. 04-22-01 4	2.  43.   AYM	1 ABK 44.09-11-94 Y 01-04-98 A	
45:Remarks SALARY INCLUDES A GENERA LOCALITY PAYMENT ARPLICA	,*	•	

46. Employing Departm ENVIRONM	nent or Agency ENTAL PROTEC	TION AGENCY	50, Signaflure/Authentication and Title of Approving Official	
47. Agency Code EP QQ	48. Personnel Office ID 3262	49. Approval Date 01-13-02	PERSONNEL MGMT. SPECIALIST	,
3.Pert 50.315	,	, , , , , , , , , , , , , , , , , , , ,		able After 6/30/93

This is an 'official' document generated from the eOPF system.

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Rev. 7/91		
U.S. Office of	Personne	il Managemen
EDIA Cuno 20	26.22 Cul	hoh M

<b>C1</b>	MOTION	

FPM Supp. 296-33, Subch. 4 NO II FICATION OF I	PERSONNEL ACTION
1. Name (Last, First, Middle)	2. Social Security Number 3. Date of Birth 4. Effective Date
JONES, JOHNNIE M	04-22-01
FIRST ACTION 5-A. Code [5-B. Nature of Action	SECOND ACTION  6-A. Code 6-B. Nature of Action
	ora out of the control of the contro
893 WITHIN-GRADE INC 5-C, Code   5-D, Logal Authority	6-C. Code 6-D. Legal Authority
07M REG 531 404	
5-E. Code 5-F. Legal Authority	6-E. Code 6-F. Legal Authority
7. FROM: Position Title and Number	15. TO: Position Title and Number
6-0-120	
ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION SPECIALIST
8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary 13. Pay Basis	16. Pay Plan 17, Occ. Code 18. Grade/Level 19. Step/Rate 20. Total Salary/Award , 21. Pay Basis
GS 0028 12 01 \$52905.00 PA	GS 0028 12 02 \$54668.00 PA
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay
48223. 00   4682. 00   52905. 00	49830, 00 4838, 00 54668, 00 22; Name and Location of Position's Organization
14. Name and Location of Position's Organization	· · · · · · · · · · · · · · · · · · ·
90684100 EPA, REGION 6 DALLAS,	90684100 EPA, REGION 6 DALLAS,
MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERMITTING DIV.
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SECTION
DALLAŠ, TEXAS	DALLAS, TEXAS
EMPLOYEE DATA 23. Voterans Preference	24. Tenure 25. Agency Use 26. Veterans Preference for RIF
(b) (6) - None 3 - 10-Point/Disability 5 - 10-Point/Other	0 - None 2 - Conditional 1 - Permanent 3 - Indefinite B
2/7/FEGU	28. Annuitant Indicator 29. Pay Rate Determinant
(b) (6)	. 0
30. Retirement Plan 31. Service Comp. Date (Leave)	Bweekly
K FERS & FICA (b) (6)	33. Part-Time Hours Por. Blwookly  F FULL TIME OO Pay Period
K FERS & FICA (b) (6) POSITION DATA	F FULL TIME OO Biveokly Pay Period
K FERS & FICA (b) (6)  POSITION DATA  34. Position Occupied  35. FLSA Category  E French	F FULL TIME OO Blweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status
K FERS & FICA  (b) (6)  POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 4 - SES Career Reserved  E - Exempt N - Nonexempt	F FULL TIME OO Biveokly Pay Period
K FERS & FICA  POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 3 - SES General 4 - SES Career Reserved  E Exempt N - Nonexempt N - Nonexempt 39. Duty Station (City - Count DALLAS.	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status  O102B 8520 OO11  y - State or Overseas Location)  TEXAS
FERS & FICA   (b) (6)	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status  O102B 8520 OO11  y - State or Overseas Location)  TEXAS
K   FERS & FICA   (b) (6)	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status  O102B 8520 OO11  y - State or Overseas Location)  TEXAS
FERS & FICA   (b) (6)	F   FULL TIME
K FERS & FICA  POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 4 - SES Career Reserved  B	F   FULL TIME
K FERS & FICA  POSITION DATA  34. Position Occupied  1- Competitive Service 2- Excepted Service 4- SES Career Reserved  35. FLSA Category E-Exempt N- Nonexempt S8: Duty Station Code  48-1730-113 DALLAS.  40. AGENCY DATA 41. 42. 43. AYM  45. Remarks  WORK PERFORMANCE IS AT AN ACCEPTABLE LETTHE WAITING PERIOD FOR YOUR NEXT WITHIN	State or Overseas Location   ABK
K FERS & FICA  POSITION DATA  34. Position Occupied  1- Competitive Service 2- Excepted Service 4- SES Career Reserved  35. FLSA Category E-Exempt N- Nonexempt S8: Duty Station Code  48-1730-113 DALLAS.  40. AGENCY DATA 41. 42. 43. AYM  45. Remarks  WORK PERFORMANCE IS AT AN ACCEPTABLE LETTHE WAITING PERIOD FOR YOUR NEXT WITHIN	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status O102B 8520 OO11  y-State or Overseas Location) TEXAS  44. ABK 09-11-94: Y 01-04-98 A  VEL OF COMPETENCE. GRADE INCREASE IS 52 WEEKS RIOD CAN BE CHANGED BY AN EQUIV-
K FERS & FICA  POSITION DATA  34. Position Occupied  3- SES General  2- Excepted Service  4- SES Career Reserved  35. FLSA Category  E-Exempt  N-Nonexempt  38. Duty Station Code  39. Duty Station (City - Count  48-1730-113  DALLAS.  40. AGENCY DATA  41.  42.  43.  AYM  45. Remarks  WORK PERFORMANCE IS AT AN ACCEPTABLE LE  THE WAITING PERIOD FOR YOUR NEXT WITHIN  FROM THE ABOVE EFFECTIVE DATE. THIS PER	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status O102B 8520 OO11  y-State or Overseas Location) TEXAS  44. ABK 09-11-94: Y 01-04-98 A  VEL OF COMPETENCE. GRADE INCREASE IS 52 WEEKS RIOD CAN BE CHANGED BY AN EQUIV-
K FERS & FICA  POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 4 - SES General 4 - SES Career Reserved  35. FLSA Category E - Exempt N - Nonexempt Service 1 - Competitive Service 2 - Excepted Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service Se	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status O102B 8520 OO11  y-State or Overseas Location) TEXAS  44. ABK 09-11-94: Y 01-04-98 A  VEL OF COMPETENCE. GRADE INCREASE IS 52 WEEKS RIOD CAN BE CHANGED BY AN EQUIV-
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K FERS & FICA  POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 4 - SES General 4 - SES Career Reserved  35. FLSA Category E - Exempt N - Nonexempt Service 1 - Competitive Service 2 - Excepted Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service Se	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status O102B 8520 OO11  y-State or Overseas Location) TEXAS  44. ABK 09-11-94: Y 01-04-98 A  VEL OF COMPETENCE. GRADE INCREASE IS 52 WEEKS RIOD CAN BE CHANGED BY AN EQUIV-
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K FERS & FICA  POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 4 - SES General 4 - SES Career Reserved  35. FLSA Category E - Exempt N - Nonexempt Service 1 - Competitive Service 2 - Excepted Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service Se	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status O102B 8520 OO11  y-State or Overseas Location) TEXAS  44. ABK 09-11-94: Y 01-04-98 A  VEL OF COMPETENCE. GRADE INCREASE IS 52 WEEKS RIOD CAN BE CHANGED BY AN EQUIV-
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K FERS & FICA  POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 4 - SES General 4 - SES Career Reserved  35. FLSA Category E - Exempt N - Nonexempt Service 1 - Competitive Service 2 - Excepted Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service 3 - SES General E - Exempt N - Nonexempt Service Se	F FULL TIME OO Biweekly Pay Period  36. Appropriation Code 37. Bargaining Unit Status O102B 8520 OO11  y-State or Overseas Location) TEXAS  44. ABK 09-11-94: Y 01-04-98 A  VEL OF COMPETENCE. GRADE INCREASE IS 52 WEEKS RIOD CAN BE CHANGED BY AN EQUIV-
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NOTIFICATION	OF	PERSONNEL	ACTION

U.S. Office of Personnel Ma FPM Supp. 296-33, Subch.		NOT	IFICATION	l OF F	PERSO	NNE	L ACTIO	N.			
1. Name (Last, First, Middle	)	,			2. Social S	ocurity N		3. Date of	Birth	4. Effective Date	)
Í ÍONES, JOH	NNIE M.		• •				(b) (	6)			4-01
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	46. Employing Departme	ent or Agency	,	50. Signature/Authentication and Title of Approving Official
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	47. Agency Code	48. Personnel Office ID	49. Approval Date	
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47. Agency Code

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# NOTIFICATION OF PERSONNEL ACTION

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INEL	ACTION

FPM Supp. 29833, Subch. 4	1 1 PHODINIER VOLIDIE
1. Name (Last, First, Middle)	2) Social Security Number 3. Date of Birth 4. Effective Date
JONES, JOHNNIE M.	(b) (6) 04=23=00
FIRST ACTION ·	SECOND ACTION
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action
702 PROMOTION	6-C. Code 8-D. Legal Authority
5-C. Code   5-D. Legal Authority	o-C. Code o-D. Legal Authority
N6M   REG 335-102 CAREER PROM	6-E. Code 6-F. Legal Authority
5-E. Code 5-F. Legal Authority	6-E. COOR 6-F. Legal Additionly
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7. FROM: Position Title and Number	6200120
657-005 ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION SPECIALIST
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8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary 13. Pa	y Basis   16. Pay Plan   17. Occ. Code   18. Grade/Level   19. Step/Rate   20. Total Salary/Award   21. Pay Basi
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23, Veterans Preference  (b) (6) 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 6 - 10-Point/Compensable/3	0 - None 2 - Conditional (b) (6)
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27. FEGLI (b) (6)	(b) (6)
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48. Employing Department or Agency.	50. Signature/Authentication and Title of Approving Official
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48. Employing Departm	ent or Agency		50, Signature/Authentication and Title of Approving Official	
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47. Agency Code	48, Personnel Office ID	49. Approval Date	PERSONNEL MGMI. SPECIALIST	
EP 00	3262	04-09-00	PERSONNEY MGMT. SPECIALIST	
			able After	6/30/93





1. Name (Last, First, Middle)	2. Social Security Number 3. Date of Birth 4. Effective Date
JONES, JOHNNIE M.	(b) (6) ,02 <u>c</u> 02 <u>c</u> 00
FIRST ACTION	SECOND ACTION
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action
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5-C, Code 5-D, Legal Authority	6-C, Code 6-D, Legal Authority
KMM REG 315.202	
5-E, Code   5-F, Legal Authority	6-E. Code 6-F. Legal Authority
7. FROM: Position Title and Number	15. TO: Position Title and Number
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
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MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERMITTING DIV-
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SECTION
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23. Veterans Preference	24. Tenure 25. Agency Use (b) (6)
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38. Duty Station Code 39. Duty Station (City - Co	inty - State or Overseas Location)
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40. AGENCY DATA 41, 42. 43.	44.
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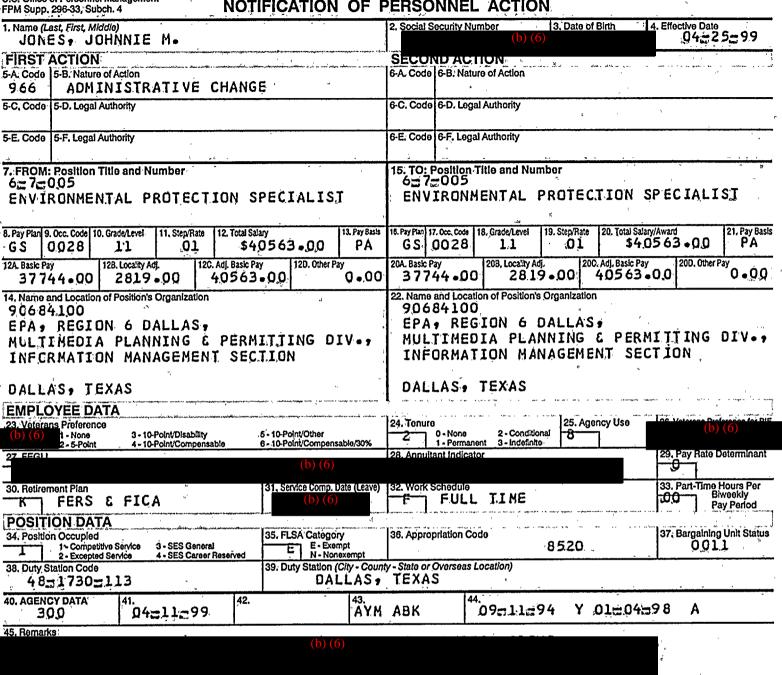




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1. Name (Last, First, Middle) JONES + JOHNNIE M.		(b) (6)	3. Date of Birth	4. Effective Date Q1=02=0Q
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5-A. Code 5-B. Nature of Action 894 PAY ADJ	6-A. Cod	6-B. Nature of Action	•	
5-C. Code 5-D. Legal Authority QWM REG 531 • 2Q5	6-C, Cod	e 6-D. Legal Authority	•	
5-E. Code 5-F. Legal Authority ZLM E.O. 13144	6-E. Cod	6-F, Legal Authority	· · · · · · · · · · · · · · · · · · ·	
7. FROM: Position Title and Number 6.37.005 ENVIRONMENTAL PROTECTION SPE	657	Position Title and Numb 2005 IRONMENTAL PI		SP ECIALIST
8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary GS 0028 11 01 5405		17, 0cc. Code   18. Grade/Level   1 ,0028   11	9. Step/Rate   20. Total St O1   \$4	stary/Award 21. Pay Bas 25 43 • 00 PA
12A. Basic Pay 12B. Locally Adj. 120. Adj. Basic Pay 37 74 4 • 00 2819 • 00 40563 • 0	12D. Other Pay 20A. Basic 20 20 20 20 20 20 20 20 20 20 20 20 20	Pay 208, Locality Adj 78 • QQ 3365	20C. Adj. Basic P 42543	
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(b) (6) - None 3 - 10-Point/Disability 5 - 5	10-Point/Other 10-Point/Compensable/30%	0 • None 2 • Conditional 1 • Permanent 3 • Indefinite		(b) (6)
27. FEGU	(b) (6)	itant Indicator		29. Pay Rate Determinant
K FERS & FICA	(b) (6) 32. Work	Schedule FULL TIME	gas maannagan kaari tii dhi haadi — jil haa iiindaddada	33. Part-Time Hours Per Biweekly Pay Period
POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 4 - SES General 4 - SES Career Reserved	5. FLSA Category 38. Appr E - Exempt: N - Nonexempt	opriation Code	3520,	37. Bargaining Unit Status
38. Duty Station Code 48=1730=113	P. Duty Station (City - County - State of DALLAS • TEXA			-
40. AGENCY DATA 41. 04c11c99 42.	43. AYM ABK	44. 09::11::9	4 Y 01≡04	æ9.8 A
45. Remarks SALÁRY INCLUDES A GENERAL IN LOCALITY PAYMENT APPLICABLE		RCENT AND A		•

50. Slanding Authentication and Tipo of Approving Official 48. Employing Department or Agency ENVIRONMENTAL PROTECTION AGENCY 47. Agency Code 48. Personnel Office ID 49 (Approval Date MGMT. SPECIAL ST 01=02=00 PERSONNEL 3262 EP .00

rable After 6/30/93 7540-01-333-6237



46. Employing Department or Agency			50. Signature/Authentication and Title	of Approving Official
ENVIRONME	NTAL PROTECT	ĮON AGENCY	er .	<u> </u>
47. Agency Code EP QO	48. Personnel Office ID 3,26,2	49. Approval Date 04=25=99	PERSONNEL MGMT.	SPECIALIST "



FPM Supp. 296-33, Subch. 4 NOTIFICATION OF	PERSONNEL ACTION
11 NaTONES First MICHNIE M.	2 Carlo Carrier Market (b) (6) 12 Page 4 Plath 4. Effective Date 04-11-99
FIRST ACTION	SECOND ACTION
5-A. Code   5-B. Nature of Action   PROMOTION	6-A. Code 6-B. Nature of Action
5-C. Code 5-D. Legal Authority	6-C. Code 6-D. Legal Authority
N6M REG 335.102 CAREER PROM	,
5-E. Code 5-F. Legal Authority	6-E. Code 6-F. Legal Authority
7. FROM: Position Title and Number	15. TO: Position Title and Number
6-7-004	6-7-005
ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION SPECIALIST
8, Pay Plan 9, Occ. Code 10, Grade/Level 11, Step/Rate 12, Total Salary 13, Pay Bas GS 0028 09 02 \$34643.00 PA	
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay
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14. Name and Location of Position's Organization	22: Name and Location of Position's Organization
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MULTIMEDIA PLANNING & PERMITTING DIV	MULTIMEDIA PLANNING & PERMITTING DIV
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SECTION
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EMPLOYEE DATAAS	DALLAS, TEXAS
23. Veterans Preference	24. Tenure 25. Agency Use 26. Veterans Prétagence for RIE (b) (6)
(b) (6) - None 3 - 10-Point/Disability 5 - 10-Point/Other 5 - 10-Point/Company 10-Point/Com	2 1 - Permanent 3 - Indefinite 8
27, FEGU (b) (6)	28. Annultant Indicator 29. Pay Rate Determinant
	(b) (6)
30. Retirement Plan  31. Service Comp. Date (Leave	Siweekly
K J FERS & FICA	F FULL TIME   OO   Pay Period
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1 - Competitive Service 3 - SES General E - Exempt N - Nonexempt	8520 0011
38. Duty Station Code 39. Duty Station (City - Cod	unty - State or Overseas Location)
48-1730-113 DAL	LAS, TEXAS
40. AGENCY DATA 41. 42. 43.	44,
	AYM ABK   09-11-94 Y 01-04-98 A
45. Remarks	
FULL PERFORMANCE LEVEL OF EMPLOYEE'S P	OSITION IS GS-12.
THE WAITING PERIOD FOR YOUR NEXT WITHI	N-GRADE INCREASE IS 52 WEEKS
FROM THE ABOVE EFFECTIVE DATE. THIS P	ERIOD CAN BE CHANGED BY AN EQUIV-
ALENT INCREASE ACTION, EXTENDED LEAVE	WITHOUT PAY, OR NON-WORK DAYS IF
INTERMITTENT.	

46. Employing Departs ENVIRONME			50. Signature/Authentication and Tr	, .	• \	<i>6</i>
47. Agency Code	48. Personnel Office ID 49. Approva	I Date	Seth Hou	vku	con	*
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FPM Supp. 296-33, Subch. 4	""" NC	TIFICATION	I OF F	ERSO	NNEL	ACTIO	N		# S	
1. Name (Last, First, Middle)	1	P	a 4, 4	2. Social S	ecurity Num		3. Date of	Birth	4. Effective Date	
JONES, JOHNNI	E M.		proporation style \tagentimes	3.00		(b) (6			02=2	8 99
FIRST ACTION		91	Car makeman surfaces	WHAT WAS UP AND A	ID ACTI	معدد معجمين على معطون	managaglas e seperars	WG 2		
5-A. Code 5-B. Nature of Action			,	6-A. Code	6-B. Nature	of Action	•			1
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5-C. Code 5-D. Legal Authority				6-C:.Code	6-D, Legal	Authority	. *			
U7M   REG 531.	4.04			2 2 2 1		A - 45				4
5-E. Code 5-F. Legal Authority		1		6-E. Code	6-F. Legal	Authority				
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(b) (6)				<u></u>		(0) (0	<i>)</i> 		0	
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34. Position Occupied  1 - Competitive Service	3 - SES General	35. FLSA Catego			oriation Cod	0			37. Bargaining	
2 - Excepted Service	4 - SES Career Reserved	I E N-No	nexempt	I	9900B		8520		0.01	
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46. Employing Departme	entor Agency NTAL PROTECT	ION AGENCY	50. Signature/Authentication and Title of Approving Official
47. Agency Code		49. Approval Date 0 2 - 28 - 99	PERSONNEL MGMT. SPECIALIST
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sable After 6/30/93 7540-01-333-6237

FPM Supp. 296-33, Subch. 4 NOTIFICATION OF F	PERSONNEL ACTION	
1. Name (Last, First, Middle)	2, Social Security Number (b) (6) 13 Date of Birth 4. Effective Date	
JONES, JOHNNIE M.	01,703	199
FIRST ACTION	SECOND ACTION .	
5-A. Code 5-B. Nature of Action	6-A, Code 6-B, Nature of Action	
894 PAY ADJ		
5-C. Code 5-D. Legal Authority	6-C. Code 6-D. Legal Authority	
QWM REG 531.205	6-E. Code 6-F. Legal Authority	
5-E. Code 5-F. Legal Authority	6-E. Code 6-F. Legal Authority	
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6575004 ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION SPECIALIST	-
8, Pay Plan 9, Occ. Code 10, Grade/Level 11, Step/Rate 12, Total Salary 13, Pay Basis	16. Pay Plan 17. Occ. Code 18. Grade/Level 19. Step/Rate 20. Total Salary/Award 21.	. Pay Basis
GS 0028 09 01 \$32345.00 PA	GS 0028 09 01 \$33525.00	PA
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay.	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay	
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization	
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MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERMITTING DI	V •, †
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SECTION	
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23. Veterans Proference	24; Tenure   25. Agency Use   28. Veterans Preferen	hir
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	O-None 2-Conditional	NO
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30. Retirement Plan 31. Service Comp. Data (Leave)	32. Work Schedule 33. Part-Time Hour	rs Per
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38. Duty Station Code 39. Duty Station (City - Count	y - State or Overseas Location)	
48-1730-113 DALLAS,	TEXAS	<u> </u>
40. AGENCY DATA 41. 42. 43.	44.	
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46. Employing Department or Agency e/Authentication and Title of Approving Official ENVIRONMENTAL 47. Agency Code 48, Per TAL PROTECTION AGENCY
48, Personnel Office ID 49, Approval Date EP 00 50-315 3-Part

This is an 'official' document generated from the eOPF system.

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I. Name (Last, First, I	Middle)	,	•		2. Social S	ecurity Nu		3. Date of	Birth (	4. Effective D	
JONES,	JOHNNIE M.						(b) ( <del>6</del>	0)		. 12	<b>2.0</b> 298
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5-C. Code 5-D. Lega	al Authority	*	1		6-C. Code	6-D. Lega	al Authority				
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1 - Comp		General Career Reserved	E N	Exempt Nonexempt				8520		.0.	011
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46. Employing Department or Agency	50. Signature/Authentication and Title of Approving Official
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47. Agency Code 48. Personnel Office ID 49. Approval Date	- L. Callman
- EP 00 3262 12=15=98	PERSONNEL MGMT. SPECIALIST
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1. Name (Last; First, Middle)				2. Social	Security Nu		3. Date of	Birth	4. Effective Date	)	
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			31. Service Comp. I	John (Legyer)	22 Work	Cahadula	(8) (0)	<u> </u>		33, Part-Time	Hours Par
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2 - Excepted Ser		ved	E N-Nor	nexempt				8520		0.0	<u> </u>
38. Duty Station Code			39. Duty Station				Location)				
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45. Remarks					1			1			

46. Employing Departme	nt or Agency	<u>.</u>	50. Signature/Authentication and Title of Approving Official
ENVIRONME	NTAL PROTECT	ION AGENCY	- University Manager
47. Agency Code	48. Personnel Office ID	49. Approval Date	Low Mill of Mark
EP 00	3262	08-28-98	JOHNU JUMALL PERSONNEL MGHT. SPECIALIST

3-Part 50-315

Isable After 6/30/93 7540-01-333-6237

U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 4 NOTIFICATION OF F	PERSONNEL ACTION
1. Name (Last; First, Middle)	2, Social Security Number (b) (6) 2 Pate of Birth 4, Effective Date
JONES, JOHNNIE M.	(b) (b) (c) 03a01a98
FIRST ACTION	SECOND ACTION
5-A. Code 5-B. Nature of Action	6-A. Code 6-B. Nature of Action
7.02 PROMOTION	
5-C. Code 5-D. Legal Authority	6-C. Code 6-D. Legal Authority
N6M REG 335-102 CAREER PROM	
5-E. Code 5-F. Legal Authority	6-E. Code 6-F. Legal Authority
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7. FROM: Position Title and Number	15. TQ: Position Title and Number
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ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION SPECIALIST
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8, Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary 13. Pay 8asis	18. Pay Plan 17, Occ. Code 18. Grade/Level 19. Step/Rate 20. Total Salary/Award 21. Pay Ba
GS 0028 07 02 \$27322.00 PA	GS 0028 09 01 \$32345.00 PA
12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay 20D. Other Pay
25558.00 1764.00 27322.00 0.00	
14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
9.06.84.100	90684100
EPA, REGION 6 DALLAS,	EPA, REGION 6 DALLAS.
MULTIMEDIA PLANNING & PERMITTING DIV.	MULTIMEDIA PLANNING & PERMITTING DIV.
INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SECTION
DALLAS. TEXAS	DALLAS. TEXAS
EMPLOYEE DATA	and the second s
23. Veterans Preference 1 - None 3 - 10-Point/Disability 5 - 10-Point/Other	24, Tenuré  25, Agency Use  26, Veterana Preference for B
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	2 1-Permanent 3-Indefinite 8
27. FEGU (b) (6)	28. Annuitant Indicator 29. Pay Rate Determinan
30: Retirement Plan 31. Service Comp. Date (Leave)	
K FERS & FICA (b) (6)	F FULL TIME JO Pay Period
POSITION DATA	
34. Position Occupied 35. FLSA Category	36. Appropriation Code 37. Bargaining Unit Statu
1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved N - Nonexempt	8520 0011
38. Duty Station Code 39. Duty Station (City - Count	y - State or Overseas Location)
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40. AGENCY DATA 41. 42. 43.	44.
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45. Remarks	
FULL PERFORMANCE LEVEL OF EMPLOYEE'S PO	SITION
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THE WAITING PERIOD FOR YOUR NEXT WITHIN	=GRADE INCREASE IS 52 WEEKS
FROM THE ABOVE EFFECTIVE DATE. THIS PE	RIOD CAN BE CHANGED BY AN EQUIVE
ALENT INCREASE ACTION, EXTENDED LEAVE W	ITHOUT PAY: OR NONEWORK DAYS IF
INTERMITTENT.	۶
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48. Employing Department or Agency

ENVIRONMENTAL PROTECTION AGENCY

47. Agency Code | 48. Personnel Office ID | 49. Approval Date | PERSONNEL MGM.T. SPECIAL IST

This is an 'official' document generated from the eOPF system.

Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 4  NOTIFICATION OF F	PERSONNEL ACTION	•
1. Name (Lest, First, Middle)	2. Social Security Number 3. Date of Birth 4.	Effective Date
JONES, JOHNNIE M.	(b) (6)	02-01-98
FIRST ACTION	SECOND ACTION	
5-A. Code   5-B. Nature of Action	16-A. Code I 6-B. Nature of Action	derbezarantenaria entra terralista en arte presentante en arte presentante de la constantante de la constant
893 WITHIN-GRADE INC		
5-C. Code 5-D. Legal Authority	6-C. Code 6-D. Legal Authority	
Q7M REG 531.404		1
5-E. Code   5-F. Legal Authority	6-E. Code 6-F. Legal Authority	<del></del>
	4	1
7. FROM: Position Title and Number	15, TO: Position Title and Number	<del>,                                    </del>
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ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION S	PECIALIST
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8. Pay Plan 9. Occ. Code 10. Grade/Level 11. Step/Rate 12. Total Salary 13. Pay Bas's	16. Pay Plan 17. Occ, Code 18. Grade/Level 19. Step/Rate 20. Total Salary/	Award 21. Pay Basis
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12A. Basic Pay 12B. Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	20A. Basic Pay 20B. Locality Adj. 20C. Adj. Basic Pay	20D, Other Pay
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization	4
9.06.84100	90684100	•
EPA: REGION 6 DALLAS:	EPA, REGION 6 DALLAS.	
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23. Veterans Preference	25. Agency Use	26. Veterans Preference for RIF
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 6-Point 4 - 10-Point/Compensable 8 - 10-Point/Compensable/30%	2 0 None 2 Conditional 8	(b) (6)
27. FEGLI (b) (6)	28. Annultant Indicator	29. Pay Rate Determinant
(6) (6)	(b) (6)	Q
30. Retirement Plan 31. Service Comp. Date (Leave)	32, Work Schedule	33, Part-Time Hours Per
K FERS & FICA (b) (6)	F FULL TIME	OO Blweekly Pay Period
POSITION:DATA	the state of the s	The state of the s
34. Position Occupied 35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
1 - Competitive Service 3 - SES General E - Exempt	9899B 8520	0011
	ty - State or Overseas Location)	
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40. AGENCY DATA 41. 42. 43.	44,	

45. Remarks

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WORK PERFORMANCE IS AT AN ACCEPTABLE LEVEL OF COMPETENCE. THE WAITING PERIOD FOR YOUR NEXT WITHIN GRADE INCREASE IS 52 THIS PERIOD CAN BE CHANGED BY AN EQUIVE FROM THE ABOVE EFFECTIVE DATE. ALENT INCREASE ACTION, EXTENDED LEAVE WITHOUT PAY, OR NON-WORK DAYS IF INTERMITTENT.

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Signetare Authentication and Title of opproving Official 46. Employing Department or Agency ENVIRONMENTAL PROTECTION AGENCY 48. Personnel Office ID 49. Approval Date 47, Agency Code PERSONNEL MGMT. EP 00 3262 02=01=98

sable After 6/30/93 7540-01-333-6237

1, Name (Last, First, Middle)	2. Social Security Number 3. Date of Birth	4. Effective Date
JONES, JOHNNIE M.	(b) (6)	61-04-98
FIRST ACTION	SECOND ACTION	
5-A. Code   5-B. Nature of Action	6-A. Code 6-B. Nature of Action	-
894 PAY ADJ		
5-C. Code 5-D, Legal Authority	6-C. Code 6-D. Legal Authority	
waM   REG 531.205		
5-E, Code   5-F, Legal Authority	6-E. Code 6-F. Legal Authority	,
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7. FROM: Position Title and Number	15. TO: Position Title and Number	
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ENVIRONMENTAL PROTECTION SPECIALIST	ENVIRONMENTAL PROTECTION S	PECIALIST
8. Pay Plan   9. Occ, Code   10. Grade/Level   11. Step/Rate   12. Total Salary   13. Pay Ba	sis 16.Pay Plan 17. Occ. Code 18. Grade/Level 19. Step/Rate 20. Total Salary/	Award 21, Pay Basis,
GS 0028 07 01 \$25725.00 PA	GS 0028 07 01 \$26	441.00 PA
12A, Basic Pay 12B, Locality Adj. 12C. Adj. Basic Pay 12D. Other Pay	20A: Basic Pay 20B, Locality Adj., 20C, Adj.: Basic Pay	200, Other Pay
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14, Name and Location of Position's Organization	22. Name and Location of Position's Organization	
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EPA, REGION 6 DALLAS,	EPA, REGION 6 DALLAS,	4
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INFORMATION MANAGEMENT SECTION	INFORMATION MANAGEMENT SEC	TION
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BALLAS. TEXAS	DALLAS, TEXAS	
EMPLOYEE DATA		•
23. Veterans Preference	24. Tenure 25. Agency Use	26. Veterans Preference for RIF
1 - None 3 - 10-Point/Disability 5 - 10-Point/Other 2 - 5-Point 4 - 10-Point/Compensable 8 - 10-Point/Compensable/30%	2 0 - None 2 - Conditional 8	(b) (6)
27, FEGLI (b) (6)	28. Annuitant Indicator	29. Pay Rate Determinant
	(b) (6)	ات
30. Retirement Plan 31. Service Comp. Date (Leav	e) 32. Work Schedule	33. Part-Time Hours Per
K FERS & FICA (b) (6)	F FULL TIME	Biweekly Pay Period
POSITION DATA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
34. Position Occupied 35. FLSA Category	36. Appropriation Code	37. Bargaining Unit Status
1 - Competitive Service 3 - SES General E - Exempt N - Nonexempt	8520	0011
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SALARY INCLUDES A GENERAL INCREASE OF 2.3 PERCENT AND A. LOCALITY PAYMENT APPLICABLE IN THIS AREA.

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46. Employing Department or Agency

ENVIRUNMENTAL PROTECTION AGENCY

47. Agency Code | 48. Personnel Office ID | 49. Approval Date | PERSONNEL MGNT. SPECIALIST

3-Part 50-315



Use this form to: 
• Start or change your contributions to the Thrift Savings Plan (TSP)
• Stop your contributions to the TSP

Indicate how you want your future contributions to be invested in the three TSP Funds

Before completing this form, please read the Summary of the Thrift Savings Plan for Federal Employees and the instructions on the back of this form. Type or print all information. Return the completed form to your agency employing office. Do not remove your copy. Your agency will return it to you after completing Section VII.

I. JONES JOHNNIE MILTON  ABOUT COUTRIBUTIONS  To stop your contributions to the TSP, check Item 10 and sign and date-Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will stop resistant these Section IV.  To stop your contributions to the TSP, check Item 10 and sign and date-Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV.  To stop your contributions to the TSP, check Item 10 and sign and date-Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV.  ALLOCATING CONTRIBUTIONS  To stop your contributions to the TSP, check Item 10 and sign and date-Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV.  ALLOCATING CONTRIBUTIONS  Yournest secondary  To stop your contributions to the TSP, check Item 10 and sign and date-Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV.  ALLOCATING CONTRIBUTIONS  Yournest secondary  To stop your contributions to the TSP, check Item 10 and sign and date-Items 15 and 16. If you are a fERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV.  ALLOCATING CONTRIBUTIONS  Yournest secondary  To stop your contributions to the TSP, check Item 10 and sign and date-Items 15 and 16. If you are a fERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV.  ALLOCATING CONTRIBUTIONS  Yournest secondary  To stop your contributions to the TSP, check Item 10 and sign and date-Items 15 and 16. If you are a fERS employee and yournest in the Item 11. 12. and 13 must equal 100%. If you are a FERS employee and the pay period in which my agency employing oftice accepts this form.  If you invest in either the For C Fund, you must sign Item 14; otherwise, your form will be returned t		, , , , , , , , , , , , , , , , , , , ,	•	
III. STOPPING YOUR CONTRIBUTIONS Donace Camplete Section IV Schoroly 10 or 10	i.	1. JONES	JOHNNIE	MILTON
Social Security Number   Social Security Num		Name (Last)	(First)	
Description	ABOUT-YOU. >	<u>22</u> .	(b) (6)	
Description   Part A			City	Sin Code
II. Complete either Part A or Part B of this section.  AMOUNT OF YOUR CONTRIBUTIONS Part A. To contribute to your TSP account, enter either a whole percentage of your basic pay per pay period (tiem 7) or a whole dollar amount per pa		(b) (b)		8) (0)
II. Complete either Part A or Part B of this section.  AMOUNT OF YOUR CONTRIBUTIONS Part A. To contribute to your TSP account, enter either a whole percentage of your basic pay per pay period (tiem 7) or a whole dollar amount per pa	m e is	4.00		a Code and Number)
II. Complete either Part A or Part B of this section.  AMOUNT OF YOUR CONTRIBUTIONS Part A. To contribute to your TSP account, enter either a whole percentage of your basic pay per pay period (tiem 7) or a whole dollar amount per pa		(b) (6)	6 (GPD-I) U	ISEPA. REGION 6, DALLAS
II. Complete either Part A or Part B of this section.  AMOUNT OF YOUR CONTRIBUTIONS Part A. To contribute to your TSP account, enter either a whole percentage of your basic pay per pay period (tiem 7) or a whole dollar amount per pa				
Part A. To contribute to your TSP account, enter effect where a whole percentage of your basic pay per pay performed (Item 7) or a whole dollar amount per pay performed (Item 7) or a whole dollar amount per pay performed (Item 7) or a whole dollar amount per pay performed (Item 8).  7		Momplete either Port A or Port P o	f this section	
ether a whole percentage of your basic pay per pay period (tem 7) or a whole dollar amount per pay period (tem 7) or a whole dollar amount per pay period (tem 8).		· •		o EEDS omployee who is not
Pay period (flem 7) or a whole dollar amount per pay period (flem 7) or a whole dollar amount per pay period (flem 8).  7.		either a whole percentage of your	basic pay per and will not be. co	ontributing to your TSP account
III.   TOPPING YOUR   To stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want these contributions to be divided among the three TSP Funds.   10.		pay period (Item 7) or a whole do	lar amount per at this time, but ye	ou are allocating your Agency
III. STOPPING YOUR CONTRIBUTIONS TO stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want finese contributions to be divided among the three TSP Funds.  10. ☐ I want to stop contribution to the TSP account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.  IV. ALLOCATING CONTRIBUTIONS Yournest assc complete Section If or III.  Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar percentages that you choose will be applied to all contributions to your account, including Agency Automatic (18%) Contributions and Agency Matching Contributions.  If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.  11. G Fund Government Securities Investment Fund 12. F Fund Fixed Income Index Investment Fund 13. C Fund Common Stock Index Investment Fund 14. Acknowledge— MENT OF RISK  Also sign Section V.  I have chosen to invest in the F and/or C Fund, I understand that I am making this investment at my own risk. I also understand that I am not proficeded by either the U.S. Government or the Federal Retirement Trinfill Investment Board against bytestment loss in the F or C Fund, and that neither the U.S. Government or the Federal Retirement Trinfill Investment Board against bytestment Board guarantees a return on my investment.  14. Acceptance Signature  VII. FOR The Common Signature  15. Acceptance Date  17. Bell Common Signature  18. Paylorionic Number  29. Details Signature of Employing Office Official Signature of Employin		pay period (item 8).	Automatic (1%) C	ontributions, check item 9.
III. STOPPING YOUR CONTRIBUTIONS  Donatecomplete Section IV  To stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want these contributions to be divided among the first PSP account. I understand that my payroll deductions will stop FERS employees bection IV  IV.  Show how you want they contributions to your account, I understand that my payroll deductions will stop FERS employee, the percentages that you choose will be applied to all contributions to your account to be divided among the G. F. and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of items 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.  If you invest in either the For C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.  11. G Fund Government Securities Investment Fund 12. F Fund Fixed Income Index Investment Fund Total  V.  ACKNOWLEDGE- MENT OF RISK- Also sign 3cchon VI.  I have chosen to invest in the F and/or C Fund. I understand that I am making this investment at my own risk. I also understand that I am not protected by eliber the U.S. Government or the Federal Retirement Total  VI.  SIGNATURE  I have chosen to invest in the F and/or C Fund. I understand that I am making this investment at my own risk. I also understand that I am not protected by eliber the U.S. Government or the Federal Retirement Total  VII.  FOR  EMPLOYING  OFFICE USE ONLY  Stopping Collection III.  To stopping Collection III.  Acceptance Date  Terributions will continue. Total and that meither the U.S. Government (Bodra digrantes Signature)  Terributions will cannot be each Fund. Do not use dollar acceptance Date  Terributi		7 (b) (6) OP 9		huting FERS)
TOPPING YOUR CONTRIBUTIONS CONTRIBUTIONS Donotcomplete Section IV to show how you want these contributions to be divided among the three TSP Funds.  10.  □ I want to stop contributions to your account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.  IV.   ALLOCATING CONTRIBUTIONS Yournustalso complete Section IV to the pay period in which my agency employing office accepts this form.  Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of litems 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.  If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.  11.    G Fund Government Securities Investment Fund 12.    F Fund Fixed Income Index Investment Fund 13.    C Fund Common Stock Index Investment Fund 14.    Fund Fixed Income Index Investment Fund 15.    June Common Stock Index Investment Fund 16.    June Federal Retirement Infinity Investment (Board guarantees a return on my investment).  VI.    SIGNATURE  VII.    You must sign Item 15 and date (Item 16) otherwise, your form will be returned to you unprocessed.  17.	Sectioniv	7 On 0.	9. [] (Noncontin	outing PERS)
TOPPING YOUR CONTRIBUTIONS CONTRIBUTIONS Donotcomplete Section IV to show how you want these contributions to be divided among the three TSP Funds.  10.  □ I want to stop contributions to your account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.  IV.   ALLOCATING CONTRIBUTIONS Yournustalso complete Section IV to the pay period in which my agency employing office accepts this form.  Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of litems 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.  If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.  11.    G Fund Government Securities Investment Fund 12.    F Fund Fixed Income Index Investment Fund 13.    C Fund Common Stock Index Investment Fund 14.    Fund Fixed Income Index Investment Fund 15.    June Common Stock Index Investment Fund 16.    June Federal Retirement Infinity Investment (Board guarantees a return on my investment).  VI.    SIGNATURE  VII.    You must sign Item 15 and date (Item 16) otherwise, your form will be returned to you unprocessed.  17.	•	<u> </u>		
Donotcomplete Section II.  Description of the pay period in which my agency employing office accepts this form.  IV.  ALLOCATING CONTRIBUTIONS Yournest also complete Section II or III.  Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of items 11, 12, and 13 must equal 100%, if you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.  If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.  II. G Fund Government Securities Investment Fund 12. F Fund Fixed Income Index Investment Fund 13. C Fund Common Stock Index Investment Fund 14.	III.	To stop your contributions to the T	SP, check Item 10 and sign and date It	ems 15 and 16. If you are a
Donotcomplete Section II.  Description of the pay period in which my agency employing office accepts this form.  IV.  ALLOCATING CONTRIBUTIONS Yournest also complete Section II or III.  Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of items 11, 12, and 13 must equal 100%, if you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.  If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.  II. G Fund Government Securities Investment Fund 12. F Fund Fixed Income Index Investment Fund 13. C Fund Common Stock Index Investment Fund 14.		to show how you want these contr	omatic (1%) Contributions will continue, ibutions to be divided among the three	You must complete Section IV
at the end of the pay period in which my agency employing office accepts this form.  IV.  ALLOCATING CONTRIBUTIONS Yournest also complete Section II or III.  Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of litems 11, 12, and 13 must equal 100%, if you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions to your account, including Agency Automatic (1%) Contributions and Agency Automatic (1%) Contributions and Agency Automatic (1%) Contributions and value applied to all contributions to your account, including Agency Automatic 1% our account and including Agency Automatic 1% our account invested in each Fund. Do not use dollar mounts of the Grand 19 contributions to your account, including Agency Automatic 1% our account invested in each Fund. Do not use dollar mounts in the Form to purpocessed.  If you invest in the F or C Fund, you must sign Item 14; otherwise, your form will be returned to your form will be returned to your form will be returned to your unprocessed.  It is a labo understand that I am not protected by either the U.S. Government or the Federal Retirement Thrill Investment (Board guarantees a return on my investment.  It is a labo understand that I am not protected by either the U.S. Government or the Federal Retirement Thrill Investment (Board guarantees a return on my investment.  It is a labo understand that I am not protected by either the U.S. Government or the Federal Retirement Thrill Investment (Board guar				
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# GENERAL INFORMATION INSTRUCTIONS FOR SECTION I

You can start, change, or allocate your contributions only during the TSP open seasons (May 15 - July 31 and November 15 - January 31). However, you may submit the form at any time to stop your contributions (see Section III). Your Form TSP-1 will stay in effect until you submit another one or leave Federal service. You may not withdraw your TSP account balance while you are still employed by the Federal Government.

If you change your address, notify your agency employing office immediately so that they can correct your records for your TSP account.

Complete all items in this section.

### INSTRUCTIONS FOR SECTION II

Complete Part A to start, continue, or change your TSP contributions.

Item 7, Percentage of Basic Pay Per Pay Period. If you are covered by FERS or an equivalent retirement plan, you may contribute up to 10% of your basic pay each pay period. If you are covered by CSRS or an equivalent retirement plan, you may contribute up to 5% of your basic pay each pay period.

Item 8, Dollar Amount Per Pay Period. The dollar amount you contribute cannot exceed the percentages shown above. You can contribute as little as \$1 per pay period.

Complete Part B only if you are covered by FERS and you choose not to contribute or are not eligible to contribute to your account at this time (that is, if you are submitting this form only to allocate your Agency Automatic (1%) Contributions in Section IV).

### INSTRUCTIONS FOR SECTION III

Complete this section to stop your contributions. If you stop contributing during an open season, you will not be able to start again until the next TSP open season. If you stop contributing outside of an open season, you will not be able to start again until the second open season after this form is accepted by your agency employing office.

If you are a FERS employee who is stopping your contributions, you must also complete Section IV to show how you want your Agency Automatic (1%) Contributions to be divided among the G, F, and C Funds. You may submit another Form TSP-1 to change your allocation in any subsequent open season, even if you are not contributing to your account.

### INSTRUCTIONS FOR SECTION IV

Complete this section to indicate how you want future contributions to be invested in the three TSP Funds. All participants may invest all or any portion of the contributions to their accounts in any of the three Funds. If you do not complete this section, your form will be returned to you unprocessed (unless you are a CSRS employee and you are submitting this form to stop your contributions).

### INSTRUCTIONS FOR SECTION V

Complete this section if you invest in the F or C Fund. There is a risk of investment loss in both the F and C Funds. Read the acknowledgement of risk carefully before you sign it.

### INSTRUCTIONS FOR SECTION VI

You must complete this section (even if you completed Section V).

### INSTRUCTIONS FOR SECTION VII

(to be completed by employing office)

Enter the effective date of the action in Item 19. If this form is accepted during the portion of the open season that precedes the election period, the form should be made effective as of the first pay period that begins on or after the first day of the election period. (The election period is the last month of the open season.) If the form is accepted during the election period, it should be made effective as soon as administratively feasible, but no later than the first day of the pay period following acceptance of the form

If a participant chooses to stop contributing to the TSP (Section III), deductions should stop at the end of the pay period in which the form is accepted, and the allocations should begin at the start of the following period.

Enter the acceptance date in Item 22. This is the date that the form is accepted by the agency employing office and is certified for processing. Item 23 is the date on which a participant may resume contributing to the TSP after stopping his or her contributions.

### PRIVACY ACT

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you give us to process your Thrift Savings Plan Election Form (TSP-1). This information will be placed in your Official Personnel Folder. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms; annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally; this information may also be disclosed to others on your written request. While the law does not require you to give any of the Information was asking for an this form.

This is an 'official' document generated from the eOPF system.

FPM Supp. 296-33, Subcn.	4	MOTILIONING	NOFF	ruáni	ALAILE !	ACTION	-		٠.	* 1
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45. Remarks	•					*			- 6	
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46. Employing Department or Agency

ENVIRONMENTAL PROTECTION AGENCY

47. Agency Code , 48. Personnel Office ID 49. Approval Date

EP 00 3262 11-06-97 PERSONNEL AIGHT. SPECIALIST

3-Part 50-315

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Standard Form 50-B Rev. 7/91 U.S. Office of Personnel Management FPM Supp. 296-33, Subch. 4

3-Part 50-315

### NUTFICATION OF PERSONNEL ACTION

1. Name (Last, First, Middle)	2. S (b) (6)	4. Effective Date
JONES, JOHNNIE M.	(8)	07820897
FIRST ACTION 5-A, Code   5-B, Nature of Action   9-66   ADMINISTRATIVE CHANGE	SECOND ACTION 6-A. Code 6-B. Nature of Action	
5-C. Code S-D. Legal Authority FLRA Certification Dated 4-23-97	6-C. Code 6-D. Legal Authority	
5-F. Code 5-F. Legal Authority	6-E. Code 6-F. Legal Authority	は変われる。
7. FROM: Position Title and Number 6-6-092 ENVIRONMENTAL PROTECTION SPECIALIST	15. TO: Position Title and Number 6-6-092 ENVIRONMENTAL PROTECTION	SPECIALIST
8. Pay Plan   9. Occ, Code   10. Grade/Level   11. Step/Rate   12. Total Salary   13. Pay Basis   G S   0 0 2 8   0 7   0 1   \$25725.00   PA		5725 OG PA
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30. Retirement Plan  FERS & FICA  31. Service Comp. Date (Leave)  (b) (6)	32. Work Schedule FULL TIME	33. Part-Time Hours Per Biweekly Pay Period
POSITION DATA  34. Position Occupied  1 - Competitive Service 2 - Excepted Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved  35. FLSA Category E - Exempt N - Nonexempt	36. Appropriation Code 8520	37. Bargaining Unit Status
38. Duty Station Code  48-1730-113  DALLAS	nty - State or Overseas Location) TEXAS	
40. AGENCY DATA 41. 02-02-97 42. 43. AYN	1 ABK 44.09-11-94 1 02-02	-97 A

This action changes Item #37 (Bargaining Unit Status) from 7777.

46. Employing Department or Agency
ENVIRONMENTAL PROTECTION AGENCY
47. Agency Code
EP 00
48. Personnel Office ID
3262
49. Approval Date
PERSONNEL MGMT. SPECIALIST

This is an 'official' document generated from the eOPF system.

able After 6/30/93 540-01-333-6237 PRINTZD: 04/23/1997

### TES OFFICE OF PERSONNE OFFICE OF FEDERAL INVESTIGATIONS WASHINGTON, DC 20415

# CERTIFICATION OF INVESTIGATION RECEIVED

97 MAY -1 PM 2: 50

CLOSED: 04/22/1997

ADMINISTRATIVE

SUBMITTING OFFICE: SON - 3262

SECURI SERVECES BRANCH EPOO

EPA

PERSONNEL SECURITY STAFF (2441)

ATTN: BRENDA BRAY 401 M STREET SW WASHINGTON, DC 20460

NAME: JONES, JOHNNIE MILTON JR

SSN

DOB:

POSITION: ENVIRONMENTAL PROT S

CASE TYPE: NACI (R)

**GPM CASE #: 97618189** 

SCHEDULED DATE: 02/20/1997

INVESTIGATION CONDUCTED FROM: SF 85

THIS CERTIFIES THAT A BACKGROUND INVESTIGATION ON THE PERSON IDENTIFIED ABOVE HAS BEEN COMPLETED. THE RESULTS OF THIS INVESTIGATION WERE SENT TO THE SECURITY OFFICE FOR A SECURITY/SUITABILITY DETERMINATION.

AGENCY CERTIFICATION: THE RESULTS OF THIS INVESTIGATION HAVE BEEN REVIEWED, AND A FINAL DETERMINATION HAS BEEN MADE.

AGENCY CARTIFYING OFFICIAL

DATE

FILE THIS CERTIFICATE ON THE PERMANENT SIDE OF THE PERSON'S OFFICIAL PERSONNEL FOLDER AFTER THE FINAL AGENCY DETERMINATION IS MADE.

Optional Form 306 September 1994 U.S. Office of Personnel Management

# Declaration for Federal Employment

Form Approved: O.M.B. No. 3206-0182 NSN 7540-01-368-7775 50306-101

GENERAL INFORMATION	
1 FULL NAME	2 SOCIAL SECURITY NUMBER
- JOHNNIE MILTON JONES	(b) (6)
3 PLACE OF BIRTH (Include City and State or Country)	4 DATE OF BIRTH (MM/DD/YY) (b) (6)
► 3PARTANBURG, S.C	<b>(</b> () (0)
5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.)	6 PHONE NUMBERS (Include Area Codes,
► BUDDY (NICKNAME)	DAY >
<b>&gt;</b>	NIGHT ► (b) (6)
MILITARY SERVICE	Yes No
7 Have you served in the United States Military Service? If your only active de Reserves or National Guard, answer "NO".	<del></del>
If you answered "YES", BRANCH FROM	TO TYPE OF DISCHARGE
(MM/DD/YY), and type of discharge for all active duty military service.	
BACKGROUND INFORMATION	
For all questions, provide all additional requested information under item 15 o each event you list will be considered. However, in most cases you can still be	or on attached sheets. The circumstances of considered for Federal jobs.
For questions 8, 9, and 10, your answers should include convictions resulting but omit (1) traffic fines of \$300 or less, (2) any violation of law committed befor committed before your 18th birthday if finally decided in juvenile court or under aside under the Federal Youth Corrections Act or similar State law, and (5) any Federal or State law.	re your 16th birthday, (3) any violation of law a Youth Offender law, (4) any conviction set
8 During the last 10 years, have you been convicted, been imprisoned, been of been on parole? (Includes felonies, firearms or explosives violations, misder of "Yes", use item 15 to provide the date, explanation of the violation, place of address of the police department or court involved.	meanors, and all other offenses.)
9 Have you been convicted by a military court-martial in the past 10 years? (If "Yes", use item 15 to provide the date, explanation of the violation, place of address of the military authority or court involved.	f no military service, answer "NO".)  of occurrence, and the name and
10 Are you now under charges for any violation of law? If "Yes", use item 15 to the violation, place of occurrence, and the name and address of the police de	provide the date, explanation of epartment or court involved
11 During the last 5 years, were you fired from any job for any reason, did you be fired, did you leave any job by mutual agreement because of specific probed Federal employment by the Office of Personnel Management? If "Yes", use explanation of the problem and reason for leaving, and the employer's name	blems, or were you debarred from item 15 to provide the date, an
12 Are you delinquent on any Federal debt? (Includes delinquencies arising fro overpayment of benefits, and other debts to the U.S. Government, plus defa insured loans such as student and home mortgage loans.) If "Yes", use item and amount of the delinquency or default, and steps that you are taking to come	ults of Federally guaranteed or notes that the state of t
ADDITIONAL QUESTIONS	
13 Do any of your relatives work for the agency or organization to which you ar father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, firs father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) name, relationship, and the Department, Agency, or Branch of the Armed Fo	st cousin, nephew, niece, er-in-law, stepfather, stepmother, If "Yes", use item 15 to provide the
14 Do you re civilian, or	

This is an 'official' document generated from the eOPF system.

co	NTINUATION SPACE / AGENCY OPTIONAL QUESTIONS
15	Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).
	·
	·
	· • •
	•
CE	RTIFICATIONS / ADDITIONAL QUESTION
	LICANT: If you are applying for a position and have not yet been selected. Carefully review your answers on this and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.
APF othe of th	COINTEE: If you are being appointed. Carefully review your answers on this form and any attached sheets, including any application materials that your agency has attached to this form. If any information requires correction to be accurate as the date you are signing, make changes on this form or the attachments and/or provide updated information on additional ets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 6b and answer item 17.
ment, fraud begin deterrability investinatity	certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employ- including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or ulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after to work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of mining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my y and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to tigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending utions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may eded, and I may be contacted for such a release at a later date.
16	Sa Applicant's Signature ►  (Sign in ink)  Date ►
16	Sb Appointee's Signature   (Sign in ink)  APPOINTING OFFICER: Enter Date of Appointment or Conversion 2-3-97
	appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life

17 Appointee Only (Respond only if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job?

17b When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were

Optional Forn







# **APPOINTMENT AFFIDAVITS**

ENVIRONMENTAL PRI	STECTION SPECIALIST	2-3-97
(Position to wh		(Date of appointment)
EPA	REGION 6 (Bureau or Division)	DAUAS, TK (Place of employment)
(Department or agency)	(Bureau or Division)	(Place of employment)
, JOHNNIE MILTON JO	PNES	, do solemnly swear (or affirm) that—
hat I will bear true faith and alleg	giance to the same; that I take t	against all enemies, foreign and domestic; his obligation freely, without any mental
eservation or purpose of evasion which I am about to enter. So		hfully discharge the duties of the office
B. AFFIDAVIT AS TO STRIKING I am not participating in any stand I will not so participate while thereof.	rike against the Government of	L GOVERNMENT the United States or any agency thereof, ent of the United States or any agency
C. AFFIDAVIT AS TO PURCI I have not, nor has anyone acti or or in expectation or hope of	ing in my behalf, given, transfe	rred, promised or paid any consideration
ubscribed and sworn (or affirm	ed) before me this <u>SP</u> Od	ay of FEB PUARY, 1997,
at DACLAS	·	TEXAS (State)
[SEAL]	<del>-</del>	Signature of officer)
Commission expires (If by a Notary Public, the date of exp Commission should be sho	iration of his/her	ERONNEL HOSISTANT
		·

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affiduits cally these words may be stricken and only when the annointee elects to affirm the affidavits.





### **DESIGNATION OF BENEFICIARY**

Federal Employees Retirement System

Form Approved: OMB No. 3206-0173

### **IMPORTANT**

Read all instructions before filling in this form.

SECTION A-IDENTIFICATION					
Name (Last, First, Middle)  JONES , JOHNNIE : MILTON			Date of Bigh (Month Do	(b) (6)	curity Number
Place an "X" in the appropriate box below:	<del></del>	If you are retire	d, give your claim nu	ımber	
X An employee					
Retired or applying for retirement					
Former employee eligible for retirement in the f		l			<u>, —</u>
Department or agency in which presently employed Department or agency Bureau	(or former department	or agency) Division		Location City, State	e and ZIP Code)
	ر ے	1.00		1 11	, 
U.S. EPA Re	geor 6	6PD-	I	WALLA	15 TX 75 200
I, the individual named above, designate become payable under the Federal Employees I is also for any lump-sum benefit which may be stand that this designation of beneficiary cancuntil I cancel it in writing or I receive payment I direct, unless otherwise indicated below, me or who may be disqualified for any other rea If none of the beneficiaries are alive and eligib	Retirement System (Fome payable under els any previous FEF of my employee de that if more than one son, shall be distribu	FERS) after my country after the Civil Service of CSRS deductions for FE the country is nated agually amount the country and the country amount of the cou	death. I understand e Retirement Syste signation of benefi RS (and CSRS, if med, the share of a ong the stated bene	that this design m (CSRS) after ciary, and that applicable). ny beneficiary w ficiaries, or enti	nation of beneficiary my death. I under- it remains in effect who may predecease irely to the survivor.
void, and payment will be made according to	the order of precede	ence set by law.	P		
SECTION B-INFORMATION CONCERNING THE E				gnations)—TYPE	OR PRINT
First name, middle initial, and last name of each beneficiary		s, including ZIP ( each beneficiary		Relationship	Share to be paid
Of Guerr Dollows,					
	(U)	) (6)			
	-				
	,			<b>[</b>	
				ri	
	,				
				<del></del>	
				_	
	<u> </u>		<del></del>	<del></del>	Total = 100%
Date of Designation (Month, Day, Year)  2-3-97	Your Signature	1 Sextil	in Penn		
SECTION C-WITNESSES TO SIGNATURE (A WIT	ness/is ineligible to r	eceive payment	as a beneficiary)		
We, the undersigned, certify that this statement wa	s signed in our presen	çe. //	/	100	
	/1	0) (6)	,	, , , , , ,	
TYPE OR PRINTYOUR RETURN ADDRESS TO INSUR	E DETUDN OF CODY		RECEIVING AGE	NOV CERTIFICA	TION
(b) (6)	E RETORITOR COFT	I have review			he designated shares
(8)		total 100% a	nd that no witnesses	are designated	as beneficiaries.
•		Date Received	2 –		
4		37	7-7	Inve	
	1	Signature /	() Alon	Date 2	-3-97
		SINAL AND	JI WILLIAM		<u>U </u>
See back of completes copy for instructions on where to ! NSN 7540-01-246-9;	ORIC	91NAL // // //		6	January 1987 ionnel Management R 843
This is an 'official' do	cument gene	rated fror	n the eOPF	system.	

IMPORTANT—The filing of this form will completely cancel any. Designation of Beneficiary under the Federal Employees' Retirement System or under the Civil Service Retirement System you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any lump sum payable at your death.

### **EXAMPLES OF DESIGNATIONS**

First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary	Relationship	Share to be paid
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%
· .			
2. How to Designate More Than One Bene	ficiary Be sure that the shares to be paid to the several bend	eficiaries add up to	a 100 percent
First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary	Relationship	Share to be paid
Nice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
oseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%
	,		t n
. How to Designate a Contingent Beneficial	<b>y</b>	•	
First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary	Relationship	Share to be paid
First name, middle initial, and last name	Address, Including ZIP Code,	Relationship	Share to be paid
First name, middle initial, and last name of each beneficiary	Address, Including ZIP Code, of each beneficiary  810 West 180th Street		
First name, middle initial, and last name of each beneficiary	Address, including ZIP Code, of each beneficiary  810 West 180th Street New York, NY 10033  810 West 180th Street	Father	100%
First name, middle initial, and last name of each beneficiary ohn M. Parrish, if living	Address, including ZIP Code, of each beneficiary  810 West 180th Street New York, NY 10033  810 West 180th Street	Father Sister	100%
First name, middle initial, and last name of each beneficiary ohn M. Parrish, if living	Address, Including ZIP Code, of each beneficiary  810 West 180th Street New York, NY 10033  810 West 180th Street New York, NY 10033	Father Sister	100%





Form Approved OMB No. 3206-0136

WARNING

Read Instructions on back of duplicate before filling in this form

# DESIGNATION OF BENEFICIARY Federal Employees' Group Life Insurance Program

KED:			1-11-	
		Date of Birth (Month, Day, Year)		nber
TON				or receiving Federal Employees
v:	<del></del>		<ul><li>Compensation, giv</li></ul>	e your "CSA", "CSI", or OWCP
for retirement		applicant for OWCP benefits	ciaim number,	
employed (If retired, Bureau	former depart	ment or agency):   Division	Location (City, State	e and ZIP Code)
loyees' Group Life In late the beneficiary or E INSURANCE and A my death. ficiary will remain in	nsurance Pro- r beneficiaries ACCIDENTAL full force and	in writing, or until such time as it on reverse side of duplicate copy valid for any reason, the next pricand effect. If no such prior to according to the Order of Preca	is automatically ca by). If this designation or valid designation orm exists, the pro	inceled (see regulation "T ion form is determined in form will be given full force
FICIARY OR BENE	FICIARIES (Se	ee Examples of Designations):	<del></del>	
nd Last	Type or Print A	Address (Including ZIP Code) Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
	(t	)) (6)		
			+	
			ļ	
			<b></b>	
otherwise indicated a share of any benefici any reason from rece among the surviving i	above, that if iary who may eiving a share beneficiaries.	death.	e the right to can	el or change this designa
ZIP Code) OF INSURED	0	Please check:	the presence of th	e two witnesses who have
		signed below.		
				harattalan dha abaaa
		add up to 100%. (Dollar	e paid to more than aniounts are not a	one beneficiary, the share
		Signature of Insured	The state of the s	$\checkmark$
		Januar Market	noun	<del></del>
is ineligible to rec	1-1		VCid. 8300 200 715	distribe and
		(b) (6)		
Date of Receipt	Agéncy Sign	dura // / I	Tiple /	Mang Speciales
	Retired or an appli for retirement employed (If retired, Bureau  Pling any and all previous the beneficiary of the beneficiary of the insurance of the property of the insurance	Retired or an applicant for retirement employed (If retired, former departs bureau  pling any and all previous Designationyees' Group Life Insurance Property of the beneficiary or beneficiaries in the beneficiary or beneficiaries in the sensition of Beneficiary and peneficiary who may among the surviving beneficiaries, that this Designation of Beneficiary of ZIP Code) OF INSURED	Retired or an applicant for retirement remployed (If retired, former department or agency):  Bureau Division  Siling any and all previous Designatory or beneficiary who may any reason from receiving a share among the surviving beneficiary or beneficiary who may any reason from receiving a share among the surviving beneficiary or beneficiary who may any reason from receiving a share among the surviving beneficiary or share and officiary.  Please check:  I have signed this form in signed below.  Neither witness is named or beneficiary or bene	Retired or an applicant applicant for retirement remember of agency):  Bureau Division

U.S. Office of Personnel Management Previous editions n

2823-101

DADT 4 ODICINA

Standard Form 2823 FPM Supplement 870-1 Rev. September 1987



IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any life insurance payable under the Program at your death.

### · EXAMPLES OF DESIGNATIONS

1. How to Designate One Beneficiary Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary	
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%	
		7		

2. How to Designate More Than One Beneficiary Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Alice M. Long	509 Canal Street Rèd Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	, 25%
Catherine L. Rowe	792 Broadway Whiting, 1N 46394	Mother	50%

### 3. How to Designate a Contingent Beneficiary

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%
		1	

### 4. How to Designate Different Beneficiaries for Basic Life and Optional Coverages\*

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John D. Jones	124 Elm Street Dayton, OH 45420	Son	All Basic Life
Jane M. Smith	421 Spring Avenue Portland, ME 04101	Niece	All Opt. A—Standard
Elizabeth J. Allen	234 Fifth Avenue New York, NY 10029	Daughter	50% Opt. B—Additional
Ann J. Borden	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Opt. B—Additional

### 5. How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (See back of duplicate)

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Cancel prior designations			
•			

<sup>\*</sup>If a beneficiary for Basic Life, Option A—Standard, or Option B—Additional predeceases designator, and there is no surviving beneficiary or contingent beneficiary for the

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### LIFE INSURANCE ELECTION

Federal Employees' Group Life Insurance Program

See Privacy Act Information on Back of Part 3

General Instructions: By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic Life insurance. When you first become eligible for FEGLI, you have the choice of (1) electing Basic Life and any or all of the options, (2) electing Basic Life but declining all of the options, or (3) waiving all life insurance coverage. If you are changing your election, see the back of Part 3 - Employee Copy. This election will supersede all provious elections.

To complete this form:

- Read the back of Part 3 Employee Copy carefully.
- Type or print in ink.
- Do not separate the parts. Your employing office will complete the form and return your copy to you. This form should be kept with your FEGLI booklet, Description and Certification of Enrollment (RI 76-21).

	This election will st	persede ali previous electio	ns.		1 2 3 2 1 5 0 5 11		
2	Fill in identifying in	formation				•	
<u>_</u>	Name (Last)	(First)	(Middle)		Date of birth (month, d	ay, year)	Social Security Number
	JONES	JOHNNIE	MILTO	l We			(b) (6)
	Employing department			P	gency location (City,	State, ZIP c	ode) ^
	1		. A		¢		·
	ENVIRONINE	NTAL PROTECTION	AGENCY	r	DALLAS, T	TK_	
<u>र</u>	To elect Basic Life	, sign and date below. If you o	do not elect Bas	ic Life, you	may not elect any fo	rm of option	al insurance. If you do not want any
<u> </u>	insurance at all, skip			b) (6)			
	Basic	I want th		0) (0)			·
	Life	Signature					Date (month, day, year)
		·					2-3-97
4	and wish to elect. You	u will not be covered for any opt tre of the options, your opportuni	ion(s) for which v	ou do not	s:an delow. redardiess	orwneuler v	y declined any or all of these options, in which (es) below for any option(s) you are eligible for ou previously elected the option(s). Further, if a strictly limited. See "Conditions for Changing
	Option A	- Standard		Option B	- Additional		Option C - Family
	nt Standard optiona horize deductions t	l insurance.	multiple of below. I au cost. (Indica	my annu thorize d ate multir	optional insurance tal basic pay I in eductions to pay to be by marking "X" not mark more that	dicate under the full specific in the upon the rectangle in the larger than the first three thre	vant the Family optional insurance. I derstand that upon the death of my ouse I would receive \$5,000 and that on the death of an eligible child I would be even \$2,500. I authorize deductions to y the full cost.
	,		1 times r 2 times r 3 times r	ny pay	4 times my p 5 times my p		
7-		<del>/</del>			/ .		. /
<u>၁</u>	if you want NO life	Insurance coverage at all, s					
	Waiver of All lie Insurance Coverage	office receives this waiver and	d that I cannot g of insurability, o I first have Basi	et Basic L r (2) I hav c Life. I h	ife insurance unless ( e a break in Federal s ave read "Waiving or (	<ol> <li>I wait at Reprise of at Recommendation</li> <li>I wait at Recommendation</li> </ol>	e end of the pay period in which my employing east one year after I sign this form AND give east 180 days. I understand that I cannot get our Insurance Coverage on the back of Part 3 y for coverage as a retiree.
	<b>3</b>				(b) (6)		
6		TED BY AGENCY. Agend	y remarks:				Number of event permitting change See table on the back of Part 2)
Nam	e and address of emp , S. EPA Re 445 Ross	oloying office		Date rec	eived in employing off	ce Effe	ective date of coverage (month, day, year)
20	,S. EPH Ke	gion 4	•	2-	5-97		D-3-97
1	445 KOSS /	HVERUE	,	I followed	the instructions on th	e back of Pa	art 1.
<u>_</u>	DAUAS,TX	75202-2733		40	of authorized agency	avis	
Ti	he employee's ∞py o	f this form, when completed by	the employing	office, tog	ether with the FEGLI to constitute the employ	ooklet, <i>'The</i> /ee's Certific	Federal Employees' Group Life Insurance cate of Insurance.

PART 1 - File In Official Personnel Folder

Standard Form 2817
Pov. September 1992
lete and unusable.

### **INSTRUCTIONS TO EMPLOYING AGENCIES**

- 1. Who must file this form -
  - · New employees eligible for insurance.
  - Employees appointed to nonexcluded positions following service during which they were ineligible for insurance.
  - Employees who want to change their insurance.
  - Reinstated employees who filed a previous waiver of life insurance and who were separated from service for at least 180 days. The previous waiver is automatically canceled for this group.

Give a new employee a copy of the FEGLI booklet, Description and Certification of Enrollment (henceforth referred to as the FEGLI booklet), when he or she reports for duty and ask the employee to return the completed SF 2817 as soon as possible (preferably before the end of the first pay period) but no later than 31 days after his or her appointment.

An employee with newly acquired insurance eligibility (for example, one transferred or converted from an excluded to a nonexcluded position or status) must be given the same opportunity to complete an SF 2817 as a new employee.

Employees with prior service in nonexcluded positions who were separated after March 31, 1981, will have an SF 2817 on file in their personnel folders, and that election or non-election of coverage remains in effect. A new SF 2817 should not be filed unless the employee has a break in Federal service of at least 180 days or wishes to cancel a previous waiver or declination that has been in effect for at least one year.

Note: Generally, the only amount of standard optional insurance (Option A-Standard) available is \$10,000. The standard optional insurance will exceed \$10,000 only if the combined total of the basic insurance amount plus the \$10,000 for this option is less than the employee's annual basic rate of pay (as defined in §870.302 of Title 5, Code of Federal Regulations). The amount of standard optional insurance will then be an amount which, when combined with the basic insurance amount, will equal the amount of the employee's basic rate actually payable (rounded to the next higher thousand dollars, if not an even thousand). The employee must pay the full cost of the standard optional insurance. Note in the Remarks section of Item 6 "employee's standard optional insurance exceeds \$10,000."

Until an employee's SF 2817 on file is verified, make deductions based on his or her statement about earlier insurance coverage in the employee's "Declaration of Appointee" (SF 61B).

An employee desiring to reduce his or her insurance may at any time file an SF 2817 declining any optional insurance, waiving Basic Life (and optional, if any) insurance or electing a lower multiple of pay under Option B - Additional.

An employee may request to elect or increase Basic Life, Option A - Standard, or Option B - Additional insurance (but not Option C), if a signed waiver has been in effect for more than one year. The employee must first submit a "Request for Insurance" (SF 2822). If approved, ask the employee to submit an SF 2817 showing his or her election.

An employee who is enrolled for Basic Life insurance may elect-coverage under Option B - Additional insurance within 60 days of his or her marriage or the acquisition of an eligible child (see the FEGLI booklet).

An employee who is already enrolled in Option B - Additional for at least one multiple of pay may change to a higher multiple if he or she marries or acquires an eligible child (see the FEGLI booklet). The number of multiples by which coverage can be increased is limited to the number of new family members acquired.

An employee who is already enrolled for Basic Life insurance and marries or acquires an eligible child may enroll in Option C - Family within 60 days of the event.

2. Employee falling to file - If a new employee (or newly eligible employee) does not promptly return an SF 2817, the employee should be urged to do so even if he or she does not want any optional insurance. (The employee will be covered automatically for Basic Life insurance.)

If an employee still fails to file an SF 2817 within 31 days after appointment (or becoming eligible for insurance), complete one for the employee as of that date; note in the Remarks section of Item 6, "employee contacted on (date) - failed to elect optional insurance."

3. Review of completed SF 2817 - Agencies should review the original and both copies of the SF 2817 to see that they are legible and complete. An SF 2817 is not complete if an employee signs the box for Option A - Standard, Option B - Additional, or Option C - Family, but fails to sign item 3, Basic Life.

Instruct the employee that, while the agency will make sure that the SF 2817 is complete, the employee is solely responsible for ensuring that the SF 2817 is correct; i.e., that the elections made accurately reflect the employee's intentions.

- 4. Completion of form The Personnel Officer or his or her designated representative must confirm that the employee is eligible for the coverage that he or she has elected and sign the form.
- 5. Date received Enter the date of receipt by the employing office.
- Number of event permitting change Enter the number of the event permitting a change, if applicable. See the Table of Effective Dates on the back of Part 2 for event numbers.
- 7. Effective date of coverage Enter the effective date of coverage. This date is determined by the date of receipt in the employing office and the coverage elected. See the Table of Effective Dates on the back of Part 2.
- 8. Disposition of SF 2817 After completion, remove Part 3 and return it to the employee. File Part 1 in the employee's personnel folder. Destroy Part 2 after payroll office use.





· Complete Part A and Parts B, C,

HEALTH BENEFITS REGISTRATION FORM

eral Employees Health Benefits Prog

Form Approved: OMB No. 3206-0160

Type or Print Firmly.

D, and E as applicable. • Do not separate the copies. Yo	our employing office	will certify the comple	eted form an	id return your copy to	o you.	• Sign and date in Part F.
PART A « Fill in this part.						
I. Name (Last, first, middle initial)		2. Socia	al Security			th (mo., day, yr.)
LONES, JOHNNIE M.				(0	0) (6)	
4. Your home mailing address (include ZIP code)		5, Sex			6. Are you no	ow married? (b) (6)
(b) (b)			Male	Female		
		7. Dayti	ime teleph	one number	,	1,
				· /	annonalisa sang pang pang lang	
PART B = Fill in this part if you wish to anroll or char						
I elect to enroll in a health benefits plan as shown below.	(Copy the inform	nation requested be	low from 1	ront cover or proce	Enrollment	you select.)
Name of plan					code	>
2a. Names of family members	2b. ZIP code	2c. Date of birth	l 2d. Sex	2e. Relationship	o 2f. Soci	al Security number
and realise with the property		(mɔ., day, yr.)		"code"	· I	e Instructions)
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		7, ,				
		1 1 1	J	<u> </u>		
3a. Do you, your spouse or any other eligible family members the FEHB plan in which you are now enrolling or enrolled?	have any group he	ealth insurance cover	rage other Complete	than ash		
	No dicate part(s)		IAMPUS		ate (specify nan	ne)
No Yes	210010 Far-1-7	L-1 \( \cdots \)	Aivii 00		•••	
PART C - Fill In this part, as well as PART B, to chan	ge enrollment.					
1. Present Plan name 2. Pr	resent Plan	(b) (6)	. Number permits o	of event that	4. Date of e	event that permits
	rollment		(See 7	Table of	(mo., day, yr.	)
			i hadinini ka mare	ble Changes)	<u> </u>	
PART D - Employees Only		ARTE - CANCE	**************************************	· · · · · · · · · · · · · · · · · · ·		
Place an "X" in the box below if you wish NOT TO ENROLL in Program.		ace an "X" in the bo: ur enrollment.	x below if y	ou wish to CANCE	AL Present	Plan enrollment code
elect not to enroll in the Federal Employees Health Bene		I elect to cand	cel my enrol	iment in the Federal	·anthi	(b) (6)
				its Program. I am cu shown at the right.	Jirenuy	
My signature in PART F certifies that I have read and unders		ly signature in PART	T F certifie	es that I have read		
information regarding this election.						nust meet the 5-year
**************************************	110	quirement to qualify	y iof feile	3 COVETAGE ALLEI 1	Alfement.	
PART F = Fill In this part.  WARNING: Any intentionally false statement in this application	n or willful misren	resentation relative th	ereto is a v	iolation of the law r	ounishable by a fi	ine of not more than
S10,000 o) imprisonment of not more than 5 years, or both. (18 U	.S.C. 1001.)	Domination Tolling			,	
(i. Your signature (Do not print)			2. [	Date 2 2 A		
John A Jene				2-3-9	<u> </u>	
PART G - To be completed by agency						
Name and address of employing office		eceived in employin	g office 3	. Effective date o	faction 4. S	F 2811 report number
U.S. Ef A Region 4	<u> </u>			2-3-47	<sup>7</sup>	
1445 Ross Avenue (6ND-AP)	, , , , ,	Il office number		oil contact and tole		
774 0 1003 /1000000 (01111 /111	7 Person	-01-0017 nel contact and tele			nce lova	_) 260-5116
DAUS ITX 75202-2733			DAVIS		(214	1665-7417
	8. Signat	uguer suthorized as	gency_offic		9. Phone num	) 665-7417 ber
	1/10	DANIAL	ans		(214)	665-7417
Remarks		7.7.7				,
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andard Form 2809

Standard Form	50-B	. ,
Rev. 7/91		
U.S. Office of	Personnel M	lanagement
FPM Supp. 29		

FPM Supp. 296-33, Subch. 4 INOTIFICATION OF	PERSONNEL ACTION
1. Name (Last, First, Middle)	2: Social Security Number 3. Date of Birth 4. Effective Date
JONES, JOHNNIE M.	(b) (6) 02mQz=97
FIRST ACTION	SECOND ACTION
5-A. Code   5-B. Nature of Action	6-A. Code 6-B. Nature of Action
OGZ CORRECTION	101 CAREER-COND APPT
5-C. Code 5-D. Legal Authority	6-C. Code 6-D. Legal Authority
	0
5-E: Code   5-F, Legal Authority	6-E, Code 6-F, Legal Authority
3	
7. FROM: Position Title and Number	15. TO: Position Title and Number
•	6-6-092 ENVIRONMENTAL PROTECTION SPECIALIST
	EMATKOWNER WE ERRIST SECTION SECTION
8. Pay Plan 9, Occ. Code 10. Grade/Level 11. Step/Rate, 12. Total Salary 13. Pay Bar	
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12A. Basic Pay 12B. Locality Adj., 12C. Adj. Basic Pay 12O. Other Pay	20A. Basic Pay 20B. Locality Adj., 20C. Adj. Basic Pay 200, Other Pay
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
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<i>b</i>	EPA, REGION 6 DALLAS,
	MULTIMEDIA PLANNING & PERMITTING DIV.
	INFORMATION MANAGEMENT SECTION
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30. Retirement Plan 31, Service Comp. Date (Leav	The State of the S
K FERS & FICA (b) (6)	FULL TIME OU Biweekly Pay Period
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34. Position Occupied 35; FLSA Category	36. Appropriation Code 37. Bargaining Unit Status
1 - Competitive Service 3 - SES General 4 - SES Career Reserved N - Nonexempt	8520 7777
38. Duty Station Code 39. Duty Station (City - Co	ounty - State or Overseas Location)
48m1730m113 DALLAS	, TEXAS
40. AGENCY DATA 41. 42. 43.	44,
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45, Remarks	
CORRECTS ITEM 23 FROM 1	
CORRECTS TYPEM 28 FROM 9	

46: Employing Department or Agency

ENVIRONMENTAL PROTECTION AGENCY

47. Agency Code EP 00

3-Part

50-315

48. Personnel Office ID 3262

49. Approval Date 03-05-97 50. Signature/Authentication and Title of Approxim

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able After 6/30/93 540-01-333-6237

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46. Employing Department or Agency
ENVIRONMENTAL PROTECTION AGENCY

47. Agency Code
EP 00 48. Personnel Office ID 49. Approval Date
EP 00 3262 49. Approval Date
EP 00 3262 PERSONNEL MGM - SPECIALIST

3-Part 50-315

This is an 'official' document generated from the eOPF system.

ble After 6/30/93 540-01-333-6237

FPM Supp. 296-33, Subch. 4 NOTIFICATION OF	PERSONNEL ACTION
1. Name (Last, First, Middle)	2. Social Security Number 3. Date of Birth 4. Effective Date
JONES, JOHNNIE M.	(b) (6) 02-02-97
FIRST ACTION  5-A. Code   5-B. Nature of Action	SECOND ACTION  6-A. Code 6-B. Nature of Action
101 CAREER COND APPT 5-C. Code 5-D. Legal Authority	6-C. Code 6-D. Legal Authority
AYM DIRECT-HIRE AUTHORITY INEVANDDECRI	
5-E. Code   5-F. Legal Authority	6-E. Code 6-F. Legal Authority
ARK ACMA OUTSTANDING SCHOLAR PROGR	
7. FROM: Position Title and Number	15. TO: Position Title and Number
	ENVIRONMENTAL PROTECTION SPECIALIST
8, Pay Plan   9. Occ. Code   10. Grade/Level   11. Step/Rate   12. Total Salary   13. Pay Basi	
	GS 0028 07 01 \$25725.00 PA
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14. Name and Location of Position's Organization	22. Name and Location of Position's Organization
r .	90684100 EPA, REGION 6 DALLAS,
	MULTIMEDIA PLANNING & PERMITTING DIV.,
	INFORMATION MANAGEMENT SECTION
· '	DALLAS, TEXAS
EMPLOYEE DATA	
23, Veterans Preference  1 - None 2 - 5-Point 3 - 10-Point/Disability 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%	24. Tenure 2 0 - None 2 - Conditional 1 - Permanent 3 - Indefinite 25. Agency Use 26. Veterans Preference for RIF
2 - 5-Point 4 - 10-Point/Compensable 6 - 10-Point/Compensable/30%  27. FEGLI (b) (6)	28. Annuitant Indicator 29. Pay. Rate Determinant
	9 NOT APPLICABLE
30. Retirement Plan  31. Service Comp. Date (Leave	33: Work Schedule 33: Part-Time Hours Per
K FERS & FICA POSITION DATA	Pay Period
34. Position Occupied 35, FLSA Category	36. Appropriation Code 37. Bargaining Unit Status
1 - Competitive Service 3 - SES General E - Exempt N - Nonexempt	8520 7777
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APPOINTMENT AFFIDAVIT EXECUTED 02-03-19	
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46. Employing Department or Agency	55. Signature/Authentication and Title of Approving Official
ENVIRONMENTAL PROTECTION AGENCY  47, Agency Code   48, Personnel Office ID   49, Approval Date   49, Appro	XX ( All on or
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3-Part 50-315	ible After 6/30/93

This is an 'official' document generated from the eOPF system. 540-01-333-6237

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT R-DONNI (OF 612 -- Form Approved: OMB No. 3206-021)

You may apply for most jobs with a resume, this form, or other written format. If your resume or applicateon does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1. JOB TITLE IN ANNOUNCEMENT: (Various Administrative Occupations), DALLAS TX ONLY

2. GRADE(S) APPLYING FOR: GS-0028-5 or GS-0028-7

3. ANNOUNCEMENT NUMBER: D97-001

4. LAST NAME: JONES

FIRST, MIDDLE: JOHNNIE MILTON

5. SOCIAL SECURITY NUMBER:

(8) (8)

5a. DATE OF BIRTH:

(b)(6)

6. MAILING ADDRESS: CITY/STATE/ZIP:

PHONE NUMBERS (include area code)

DAYTIME: EVENING:

(b) (6)

8. WORK EXPERIENCE: Describe your paid and nonpaid work experience related to the job for which you are applying. (Do not attach job descriptions)

1) JOB TITLE: OFFICE SUPERVISOR, SURFACE PACIFIC FLEET READINESS

BRANCH, GRADE: SENIOR CHIEF PERSONNELMAN (E-8)

FROM: FEB 95 TO: SEP 96

SALARY: (b) (6) per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: ENLISTED PERSONNEL MANAGEMENT CENTER (EPMAC)

AND ADDRESS: 4400 DAUPHINE ST., NEW ORLEANS LA 70159

SUPERVISOR'S NAME: (b) (6)

AND PHONE:

(b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Supervised 10 Manpower Analysts and one civilian employee in manpower analysis and placement management of over 43,000 critical employment positions (billets) within over 170 Pacific Fleet commands, ensuring minimum manpower combat readiness state maintained for deploying and non-deploying activities. Using U.S. Navy data-base systems and various ADP software programs, analyzed data to determine current and projected manning of billets. Ensured appropriate and timely assignments made by

Bureau of Naval Personnel, Washington DC employees. Directed personnel placement/assignment actions to ensure sufficient minimum personnel manning maintained following criteria established by the Chief of Naval Operations, Commander in Chief, U. S. Pacific Fleet, and Commanding Officer, EPMAC. Assigned taskings to subordinates for all incoming action items with due dates. Reviewed all outgoing correspondence prepared by subordinates; prepared and released various official correspondence in both formal letter and Naval message formats. Prepared formal reports/briefs on readiness status of deploying units and presented to higher Echelons. Prepared and submitted various monthly, semi-annual, and annual reports. Advised Division Officer, Department Head, and Commanding Officer on actions necessary in sensitive situations. Responsible for all other functions of division's operation, including preparation of performance evaluations (military and civilian), submission of personnel action documents to Human Resources Office, and counseling all subordinates on a variety of matters. Collaterally served as Command Duty Officer and Emergency Relocation Coordinator.

2) JOB TITLE: ASSISTANT RESERVE PROGRAMS OFFICER, GRADE: SENIOR

CHIEF PERSONNELMAN (E-8)

FROM: MAY 93 TO: FEB 95

SALARY: (b) (6) per YEAR HOURS PER WEEK: 50

EMPLOYER'S NAME: NAVAL AIR STATION

AND ADDRESS: DALLAS, TX 75211

SUPERVISOR'S NAME:

AND PHONE: (current numbers)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Supervised 3 Divisions, 28 military/civilian employees, of the Reserve Programs and Training Department. Responsible for personnel/pay and administrative management of over 2,000 Naval Reservists, and formal classroom training of over 5,000 active duty and inactive duty military personnel in various professional related subjects. Reviewed/approved all personnel action documents prepared for personnel and pay services provided to constituents. Counseled constituents and subordinates on a myriad of matters, including federal rights and benefits. Conducted liaison with local Human Resources offices on a wide range of matters relating to staff personnel and constituents. Principal advisor to Commanding Officer, Naval Air Station, Dallas and other senior officials on Naval Reserve management issues. Collaterally served as Command Duty Officer, recorder for command's Award and Recognition Board,

member of Senior Enlisted Advisory Board; and other command advisory and management panels.

3) JOB TITLE: ASSISTANT ADMINISTRATIVE OFFICER, GRADE: SENIOR

CHIEF PERSONNELMAN (E-8)

FROM: APR 92 TO: MAY' 93

SALARY:

per YEAR

HOURS PER WEEK: 40

EMPLOYER'S NAME:

NAVAL AIR STATION

AND ADDRESS:

DALLAS, TX 75211

SUPERVISOR'S NAME:

AND PHONE:

(b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Administrative supervisor, directly responsible for 9 military/civilian subordinates performing all administrative functions for the Commanding Officer, Naval Air Station, Dallas, such as correspondence, files maintenance, directives issuance, reports preparation and submission, Human Resources management, and general office administrative duties. Additionally served as Postal Officer; supervised 2 military personnel in providing mail serves for Naval Air Station and all tenant activities. Responsible for the handling of over 70,000 postal articles monthly. Coordinated administrative activities of all other station departments. Reviewed all outgoing correspondence and reports prepared for Commanding or Executive Officers' signature. Ensured all station administrative and postal activities and functions maintained per current Departments of Defense and Navy regulations and standards. Recorder for command's Awards and Recognition Board, responsible for final preparation of all awards/recognition documents for station's military and civilian personnel. Collaterally served as Command Duty Officer and member of various command advisory panels.

4) JOB TITLE: MANPOWER ANALYST/STRENGTH PLANNER, GRADE: CHIEF/SENIOR CHIEF PERSONNELMAN (E-7/E-8)

FROM: MAY 88

TO: APR 92

SALARY:

YEAR per

HOURS PER WEEK:

EMPLOYER'S NAME: COMMANDER, NAVAL RESERVE FORCE

AND ADDRESS: 4400 DAUPHINE ST., NEW ORLEANS, LA 70146

SUPERVISOR'S NAME:

AND PHONE:



## DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Managed over 100,000 employment positions (billets) at staff level for all Naval Reserve programs. Using U. S. Navy computer systems and various ADP software programs, analyzed current and past manning trends and statistics for over 70 specific job areas, projecting manpower requirements within applicable federal laws, and Departments of Defense and Navy regulations. Developed semiannual and fiscal year enlisted Naval Reserve recruiting, placement, and promotion requirements; and prepared/maintained the Naval Reserve's Six-Year Defense Plan for manpower plans used in congressional budgetary submissions. Using ADP sources, analyzed data and determined locations for placement of billets throughout Naval Reserve field activities. Prepared and submitted various correspondence and required/AD HOC reports. Prepared and submitted or presented manpower briefs to various flag/staff Naval officials. Collaterally served as Command Duty Officer and served on numerous advisory committees/panels.

5) JOB TITLE: SUPERVISOR, ENLISTED RECORDS BRANCH/SOURCE

DATA SYSTEM SITE MANAGER, GRADE: CHIEF

PERSONNELMAN (E-7)

FROM: MAY 85 TO: MAY 88

SALARY: (b) (6) per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: PERSONNEL SUPPORT ACTIVITY DETACHMENT

AND ADDRESS: NAVAL STATION, CHARLESTON, SC 29408-5626

SUPERVISOR'S NAME:

AND PHONE:

(b) (b)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Supervised records management branch responsible for personnel and pay functions for over 3,000 officer and enlisted Naval personnel assigned to over 85 customers commands at Naval Station, Charleston. Reviewed all administrative functions of 11 military/civilians subordinates such as personnel and pay actions, correspondence, and dependent support activities. Prepared and submitted various required reports. Counseled military personnel and dependents on rights and benefits. Advised constituents commands on a myriad of Human Resources management topics. (4/85-2/86). Managed new ADP system, Source Data System (SDS), a multi-database system designed for preparation and submission of personnel and pay documents supporting over 35,000 serviced accounts for over 100 customer commands at Naval Station, Charleston. Local coordinator during implementation of the new system, serving as liaison between SDS system managers in Washington, and local officials and contractors ensuring proper installation. Coordinated training



of over 150 activity personnel in operation of new SDS. Trained all new employees after implementation. Reviewed activities of all departments, ensuring proper preparation and submission of system documents. Prepared and submitted various required system reports. Prepared AD HOC reports for customer commands extracting information from SDS databases. (2/86-5/88). Collaterally served as Command Counselor, Saving Bond Officer, Public Affairs Officer, and member of Command Safety Committee.

6) JOB TITLE: INSTRUCTOR/SECTION CHIEF, GRADE: PERSONNELMAN FIRST

CLASS/CHIEF PERSONNELMAN (E-6/E-7)

FROM: AUG 81 TO: MAY 85

SALARY: per YEAR HOURS PER WEEK: 40

EMPLOYER'S NAME: NAVAL RESERVE FORCE DETACHMENT MANAGEMENT

SCHOOL

AND ADDRESS: NAVAL SUPPORT ACTIVITY, NEW ORLEANS, LA 70114

SUPERVISOR'S NAME:

AND PHONE:

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Instructor/Branch Chief; supervised 6 instructors, provided formal classroom training to over 1500 Navy and Naval Reserve benefits counselors annually in military and federal benefits and services, and in proper program management procedures. Prepared lessons, instructor guides, teaching aids, and maintained student records. Prepared and submitted various required reports. Prepared and submitted fiscal year budget requirements to school director. Responsible for all divisional correspondence and other administrative functions. Coordinated arrangements for off-site classes held at various Naval activities nation-wide. Ensured all new instructors trained per school directives and that all instructors maintained proficiency on information taught. Collaterally served as Duty Officer.

7) JOB TITLE: PERSONNEL ADMINISTRATOR, GRADE: SECOND and FIRST CLASS PERSONNELMAN (E-5/E-6)

FROM: JUL 78 TO: JUN 81 FROM: JAN 72 TO: FEB 76

SALARY: (b) (6) per YEAR HOURS PER WEEK: 50

EMPLOYER'S NAME: NAVAL RESERVE CENTER

AND ADDRESS: ASHEVILLE, NC 28804

SUPERVISOR'S NAME: (b) (6)



AND PHONE: Current Unknown

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Maintained personnel and general administrative matters for six supported Naval Reserve.units, with over 500 officer/enlisted personnel. Supervised 1 full-time civilian employee and 13-20 Naval Reservists in performance of personnel and general administrative functions. Maintained personnel records for assigned Naval Reserve personnel. Routed correspondence and directives; initiated and prepared correspondence for units, filed correspondence and directives. Monitored and recorded drill attendance performance for officer/enlisted personnel. Updated and submitted data into reserve field reporting system. Responded to inquiries and counseled personnel on a myriad of topics, including performance requirements, rights and benefits and military reserve careers. Performed duties as Staff Classifier and Classification Interviewer for Recruiting Office, responsible for the job classification of all military personnel using established Departments of the Navy and Labor requirements. Principle advisor to unit Commanding Officers on Human Resource matters. Maintained tickler systems for reports. Collaterally served as Duty Officer.

8) JOB TITLE: ADMISSIONS CLERK, GS-???-04

FROM: 1976

TO: JUN 78

SALARY:

per YEAR

HOURS PER WEEK:

40

EMPLOYER'S NAME:

VETERANS ADMINISTRATION HOSPITAL

AND ADDRESS: ASHEVILLE, NC 28805

SUPERVISOR'S NAME:

(b) (b

AND PHONE:

(b)(6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Interviewed scheduled and unscheduled patients or family members of patients being admitted to hospital to obtain required information. Assigned patient to medical service/attending staff physician based on admitting physician's direction. Maintained bed control statistics. Cross-trained and served as relief for Eligibility Clerk and for Travel Clerk. In Eligibility Clerk capacity, verified eligibility of patient to receive VA medical benefits and services using laws and VA regulations. As Travel Clerk, arranged transportation to and from hospital for ambulatory and non-ambulatory patients using established VA eligibility criteria, and arranged ground and air transportation for staff physicians and other employees as required.



9) JOB TITLE: METEOROLOGICAL TECHNICIAN, GS-???-03

FROM: 1976

TO: 1976

SALARY:

(b) (6)

per YEAR

HOURS PER WEEK:

40

EMPLOYER'S NAME:

NATIONAL OCEANOGRAPHIC AND ATMOSPHERIC

**ADMINISTRATION** 

AND ADDRESS: FEDERAL BLDG., ASHEVILLE, NC 28801

SUPERVISOR'S NAME:

AND PHONE:

PHONE:

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Researched and retrieved weather records requested by various government and non-government individuals through senior Meteorological Technicians. Photo-copied original records and prepared copies for mailing to customer.

10) JOB TITLE: MANAGER TRAINEE

FROM: FEB 1969

TO: DEC 1971

SALARY:

per YEAR

HOURS PER WEEK: 60

EMPLOYER'S NAME: A. B. C SOUTHEASTERN THEATERS, INC.

AND ADDRESS: HICKORY, WILMINGTON, GASTONIA, and DURHAM, NC

SUPERVISOR'S NAME:

(b) (b)

AND PHONE:

(b) (6)

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Trainee for all aspects of theater management; supervised floor operations, including ticket booth, concession stand, and ushers. Prepared advertisements, ordered supplies, prepared weekly and monthly reports, prepared payroll and paid employees; interviewed and hired employees. Counted daily receipts and deposited receipts.

11) JOB TITLE: PERSONNEL CLERK, GRADE: THIRD CLASS PERSONNELMAN

FROM: SEP 1967

TO: JAN 1969

SALARY:

(0) (0)

per YEAR

HOURS PER WEEK: VA

VARIED.

EMPLOYER'S NAME: U. S. NAVY

AND ADDRESS: USS INDEPENDENCE, FPO NEW YORK 09501

SUPERVISOR'S NAME:

AND PHONE:

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS:

Prepared various personnel and pay documents ship's company personnel, verified eligibility for various federal benefits and prepared associated documents. Prepared various weekly, monthly, and annual personnel reports. Maintained personnel records and general administrative files. Performed general military duties.

MAY WE CONTACT YOUR CURRENT SUPERVISOR? (If we need to contact your current supervisor before making an offer, we will contact you first.)

YES

NO

**EDUCATION** 

Some HS Bachelor [X] MARK HIGHEST LEVEL COMPLETED: 10. HS/GED Master Associate Doctoral

LAST HIGH SCHOOL or GED SCHOOL: 11.

> CITY/STATE/ZIP: Spartanburg, SC 29302

YEAR DIPLOMA or GED RECEIVED:

COLLEGES AND UNIVERSITIES ATTENDED: 12.

1) NAME:

CITY/STATE/ZIP: Dallas, TX extension

SEMESTER CREDITS EARNED: MAJOR(S): Management

DEGREE (If any): BBA YEAR RECEIVED: 1993

2) NAME:

CITY/STATE/ZIP: New Orleans, LA extension

MAJOR(S): Business Management

DEGREE (If any): AA YEAR RECEIVED: 1991

13. OTHER QUALIFICATIONS:

1) Job-related training courses: (give title and year).

Harvard Graphics, Jun 95 Lotus Organizer, May 95 Lotus Notes, May 95 Lotus 1-2-3 for WINDOWS, Mar 95

SEMESTER CREDITS EARNED:

470

Command Training Team (Rights Indoctrination), May 88 and 1985

Command Master Chief Course, Nov 91

Leadership and Management Education and Training (Chief Petty Officer), Oct 88

Reserve Standard Training and Administration Readiness Support, Sep 88

ENABLE, May 88

Source Data System Site Manager/Terminal Area Security Officer Training, Jul 87

Navy Computer Aided Document Originator (CADO) Systems Master Operator Course, Apr 86

PERSONNELMAN Refresher, Feb 85

Chief Petty Officer Indoctrination, Sep 83

Instructional Systems Development, Feb 83

A.B. Dick MAGNA SL Word Processing, Nov 82

Leadership and Management Education and Training (Leading Petty Officer), Feb 82

Instructor Training (Basic), Jul 81

Personnel Administration, Oct 80

Reserve Personnel Administration, Nov 79

Enlisted Classification, Aug 73

Naval Manpower Information System Procedures, May 72

### 2) Job-related skills:

Extensive experience in management and supervision of people. Broad background in subordinate counseling, applying laws and regulations as relevant. Further extensive background in dealing with seniors, providing advise on appropriate management actions.

Extensive use/knowledge of various ADP software programs, i.e., WINDOW (Through version 3.11), WORDPERFECT FOR WINDOWS (through version 6.1) and DOS, LOTUS 1-2-3 (for WINDOWS and DOS), DBASE III and III PLUS, HARVARD GRAPHICS (for WINDOWS and DOS), QUATTRO PRO, SUPERBASE, GROUPWISE, LOTUS NOTES, WORDSTAR, and ENABLE.

Extensive use/knowledge in various U. S. Government/Navy MIS and commercial ADP management systems.

Extensive background in human resources management and general administrative functions management.

Type 60 WPM.

Extensive experience is preparation of correspondence, including formal and informal letters and memoranda, directives and formal instructions, and DOD messages.

Previously held Security Clearance for U. S. Navy.

3) Job-related honors, awards, and special accomplishments:

Navy Commendation Medal (four awards)



Navy Achievement Medal ('two awards)
Naval Unit Meritorious Service Medal
Navy Good Conduct Medal (five awards)
Naval Reserve Meritorious Service Medal
National Defense Medal (two awards)
Armed Forces Reserve Medal (two awards)
Expert Pistol Marksman Medal
Aviation Warfare Specialist Designation
Numerous Letters of Commendation and Appreciation

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14.	ARE YOU A U.S. CITIZEN? YES
	If NO, give the country of your citizenship:
15.	DO YOU CLAIM VETERANS' PREFERENCE? YES
	If YES, mark your claim of 5 or 10 points below:
	- Attach your DD 214 or other proof.
	- Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required. (Application pending)
16.	WERE YOU EVER A FEDERAL CIVILIAN EMPLOYEE? YES
	If YES, for Highest Civilian Grade give:
	SERIES: GRADE: FROM: TO:
17.	ARE YOU ELIGIBLE FOR REINSTATEMENT BASED ON CAREER OR CAREER-CONDITIONAL FEDERAL STATUS? YES
	If requested, attach SF 50 proof.

### APPLICANT CERTIFICATION

18. I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE:/

DATE SIGNED: 13 Nov 96



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STANDARD FORM 144				)				BOB approval	I No. 50-R
REV. AUGUST 1966 U.S. CIVIL SERVICE COMMISSION STATEMENT OF PRIOR FEDERAL CIVIL SERVICE COMMISSION STATEMENT OF PRIOR FEDERAL CIVIL SUPP. 296-31	ILIAN	AND	MILIT	TARY S	ERVIC	E			
IMPORTANT: This form is used only to establish creditability of service, wh	ich is ot	herwis	e not v	erified in	the O	ficial (	Personne	I Enider	* *********
I and reduction in force purposes. The employee will complete	e Part I	and th	ie Pers	onnel Off	fice. Par	te II a	64 III	When Ahle	
used as a cumulative record or the employee's affidavit is use of the Official Personnel Folder.	d in the	absend	ce of a	verified i	record,	it mus	t be file	d on the r	ight side
PART I.—EMPLOYEE'S STATEMENT.		<u> </u>			<u> </u>	<del></del>			
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JONESO JOHNNIE M.								(b) (6)	
3. LIST THE FOLLOWING INFORMATION ABOUT ANY CLAIMED FEDERAL OF	DISTRI	CT OF	COLUI	MBIA SEF	RVICE Y	/OU H/	AVE HAD	WHICH	HAS NOT
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NAME AND LOCATION OF AGENCY	ļ	FROM		-	TO			OF APPO	
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NATIONAL OCEANOGRAPHIC AND ATMOSPHERIC ADMINISTRATE AS HEVILLE, NC 28801	76			76	2				
4. LIST PERIODS OF ANY CLAIMED ACTIVE SERVICE YOU HAVE HAD IN A INCLUDING ACTIVE DUTY AS A RESERVIST, WHICH HAS NOT YET BEEN ice shown in Item 3.)	VERIFIE	D. (AI	OF TH	E ARMEI Merchan	t Marin	DES O	F THE	UNITED (	STATES, ed serv-
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5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE ABSENCE WITHOUT PAY DURING ANY ONE CALENDAR YEAR? (If YES, IIs	A TOTA siwollot t	L OF	MORE	THAN 6	MONT	HS			
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6. DO YOU CLAIM ANY TYPE OF VETERAN PREFERENCE WHICH HAS NOT E	SEEN VE	RIFIED	)?		b) (6)		<u>,,</u>	Yes," che	-l: 000
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☐ I CLAIM PREFERENCE	I AS TH	IE MO	THER	OF A D	DECEAS	ED O	R DISAE	SLED VET	TERAN,
7. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTH						FAV	ETERAN	<u>·</u>	
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I swear (or affirm) that the above statements are true to the best of my	knowled	ge and	bolief.	. /	/	(	/		
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SEAL									-
NOTE: If oath is taken before a Notary Public, the date of expiration of his Co.	mmisslo	n must	be sho	wn.	· · · · · ·		<u> </u>		

This is an 'official' document generated from the eOPF system.

	TO BE COM	PLETED	BY THE	PERSONNE	L OFFIC	ΞΕ	,
PART II.—DETERMINATION OF CREDITABLE SER · and Supplement, 296–31, Appendix B.	VICE AND ) NOTE: F	SERVIC or year	E COM	PUTATION , show on!	DATE y last t	FOR L	EAVE PURPOSES. (See FPM, Chapter 630 nbers, for months show numerical equivalent.
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where the amount of creditable service	for reducti	on in fo	rce pu	rposes diff	ers fron	n the a	amount creditable for leave purposes.) (See
FPM Chapter 351 and Supplement 29	6 <b>–</b> 31, Appe	ndix 8.	)		^	* *	1 50 M 16 18 1000
	1	(4)	— <u>—</u>		(b)		NONCREDITABLE SERVICE
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FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM



2810-112

### NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

### Part A.-IDENTIFYING DATA

1. NAME	(LAST)	(FJRST)	(WIDDLE INITIAL)	2. DATE OF B	URTH	3. CARRIER CONTROL NO.			
	Jones,	Johnnie	M. Jr.	(b	0) (6)	21791604			
4. ADDRES	S (INCLUDING ZIP CODE)		a.	5. PAYROLL C	OFFICE NO.	6. ENROLLMENT CODE NO.			
		(b) (6)			0 5060	205			
				7. SOCIAL SEC ACCOUNT I	CURITY NUMBER	8. DATE THIS ACTION BECOMES EFFECTIVE			
				(b	) (6)	7-15-78			
				NT. READ THAT ITEM CARE NATED AND YOU APPLY FO MINATION		LOW ANY PERTINENT			
Y	OUR ENROLLMENT TERM	INATES ON THE DATE IN	PART A, ITEM 8, A	3OVE,					
			Part CCHANG	GE IN PLAN					
Y	OUR ENROLLMENT SHOV	YN IN PART 4, JTEM 6, AB	OVE HAS BEEN TERMI	NATED BECAUSE OF YOUR	ENROLLMENT IN	I ANOTHER PLAN.			
	Part D	TRANSFER OUT		Port	.ETRANSFER	IN			
		TINUES BUT IS TRANSFI PFFICE (OR RETIREMENT		YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART J BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT.  Part F.—REINSTATEMENT					
					<del>`</del>				
L		<u> </u>		YOUR ENROLLMENT HAS THE DATE IN PART A, LIE	BEEN REINSTAT M 8, ABOVE.	ED, EFFECTIVE ON			
<u> </u>		Part C	CHANGE IN NA	ME OF ENROLLEE					
THE NA	ME IN WHICH THIS EN	ROLLMENT IS CARRIED HA	AS BEEN CHANGED T	0:					
ſ	NAME			DATE OF BIRTH		SEX MALE			
ľ	ADDRESS (INCLUDING 2	IP CODE) IF DIFFERENT F	ROM PART A. ITEM	4. ABOVE					
		Port U - CUAN	IGE IN ENPOLLMEN	IT-SURVIVOR ANNUITAN	ır				
	UR ENROLLMENT HAS E	BEEN CHANGED FROM FA		SELF ONLY, YOUR PLAN V					
		YOUR NEW ENROL	I.			1			
		(NOTE: THIS ITEM	TO BE COMPLETED B	Y RETIREMENT SYSTEMS OF	NLY)				
			Part I.—REM	ARKS					
			Part JDATE O	NOTICE	<del>-</del>				
NAME O	F AGENCY AND ADDRES	SS, INCLUDING ZIP CODE			· · · · · · · · · · · · · · · · · · ·				
	Hospital eville, N.C.	28805		n					
SIGNATU	RE OF STHERED RO	ELECTROFFICIAL		DATE					
	JAC		120						
	This is a	n 'official' doc	cument gen	erated from th	ne eOPF	system. 🐸			

### INSTRUCTIONS FOR EMPLOYING OFFICES

### **PURPOSE OF FORM**

This form covers health benefits actions except enrollments, changes of coverage within a plan, and cancellations which are processed on Health Benefits Registration Form (SF 2809). When an action requires a change in health benefits enrollment, prepare SF 2810 as soon as the effective date is known and give the appropriate copies to the enrollee and payroll office immediately. Preparation and distribution of copies should not be delayed pending SF 50 action in the case of transfers to another payroll office.

### PROMPT ACTION REQUIRED FOR CONVERSION

To be eligible to convert to a nongroup contract, enrollee must furnish his or her copy of this notice to his or her Plan not later than 31 days after the date shown in Part A, item 8, or 15 days after the date shown in Part J, whichever gives more time. Therefore, make this form available to the enrollee as soon as possible.

#### COMPLETION OF FORM

#### PART A--IDENTIFYING DATA

- For items 1, 2, 3, and 6, transcribe from the last SF 2809 or SF 2810, whichever is the most recent.
   Item 4, use most recent known address.
   Item 5, use payroll office number of office authorized to process withholding.
- holdings.
- notangs.

  4. Item 8, date as follows for action reported in:

  B. TERMINATION-last day of pay period in which separation (or other action terminating enrollment) occurs except, when coverage terminates because of completion of 365 days in nonpay status, use date of 365th day; and, when coverage terminates because of military duty not limited to 30 days or less, use date employee is separated, furloughed, or placed on leave of absence for military duty.

  C. CHANGE IN PLAN-tast day of pay period preceding effective date of election to change plans.
- election to change plans.
  D. TRANSFER OUT-Actual date.
  E. TRANSFER IN-Actual date.

- F. REINSTATEMENT-Actual date.
  G. CHANGE IN NAME OF ENROLLEE-Actual date.
  H. CHANGE IN ENROLLMENT-SURVIVOR ANNUITANT-Effective date of sole survivor's annuity.

### PART B--TERMINATION

These most frequently occurring actions terminate enrollment with enrollee eligible to convert to individual contract:

Separated

Separated
Furloughed by reason of reduction in force
Retired—not eligible to continue enrollment
Died—no survivor eligible to continue enrollment
Termination of title to annoting or compensation Termination of title to annuity or compensation
Changed to excluded position or category
365 days nonpoy status completed
Entered military duty not limited to 30 days or less
Employee organization gives notice to terminate employee's enrollment

in organization's plan.

#### PART"D-TRANSFER OUT

losing office use this box to report transfer actions, such as:

Transferred to another agency or payroll office number (do not use SF 2810 for transfer between employing offices serviced by the same payroll office number)

Retired-Transfer to a retirement system-employee appears eligible to continue enrollment as an annuitant

Death-Transfer to retirement system-survivor appears eligible to continue enrollment as a survivor annuitant.

Transferred to Office of Workers' Compensation Programs.

### PART E-TRANSFER IN

Gaining office use this box to report transfer actions, such as:
Acceptance of transfer from another agency or payroll office number
Retired-Acceptance of transfer by retirement system because employee

Retired-Acceptance of transfer by fettrement system because employee is eligible to continue enrollment as an annuitant Death-Acceptance of transfer by retirement system because survivor is eligible to continue enrollment as a survivor annuitant Transfer accepted by Office of Workers' Compensation Programs.

NOTE: Retirement systems (including OWCP) accepting transfer in, show also in "Remarks" whether enrollment is for an "EMPLOYEE ANNUITANT" or "SURVIVOR ANNUITANT."

### PART F-REINSTATEMENT

State in "Remarks" reason for any action not-opplicable to active military duty such as "Reinstatement of erroneous separation."

### PART G--CHANGE IN NAME OF ENROLLEE

Use this box only for reporting changes in name where change-of coverage within a plan by SF 2809 is not involved. Show date of birth only where enrollment is changed from employee's or annuitant's name to name of survivor annuitant.

### PART H--CHANGE IN ENROLLMENT-SURVIVOR ANNUITANT

Only agencies administering retirement systems will make this determina-"tion on the basis of documentary evidence that there is only one survivor annuitant.

### PART 1-REMARKS

Use this box to bring to the attention of the employee, annuitant, or insurance carrier any pertinent information to clarify or support the action being taken.

#### PART J-DATE OF NOTICE

Facsimile signature is acceptable. Date as of day of issuance.

#### DISPOSITION

ORIGINAL-Deliver (or mail) to employee, annuitant, or survivor at earliest possible date. In case a termination SF 2810 must be issued more than 75 days after the effective date of termination, destroy the original copy.

DUPLICATE and TRIPLICATE-Send to appropirate payroll office.

QUADRUPLICATE—File in Official Personnel Folder (or its equivalent) except in cases of death or retirement reported as "Transfer Out" to a retirement system (including Office of Workers' Compensation Programs). In latter cases, send the triplicate copy of each Health Benefits Registration Form (SF 2809) accepted from the employee including any Medical Certificates attached thereto and this quadruplicate SF 2810 to appropriate payroll office for transmission to agency or office administering retirement or compensation system.



D. Gruetter - 241
VA FORM 5-4652-3

EXISTING STOCKS OF VA FORM 5-4652-3, JAN 1975, WILL BE USED.

PERSONNEL FOLDER 1



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RESIGNATION (IMPORTANT - NOTE TO EMPLOYEE:			as "ill health," "personal reason.")
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I RESIGN FOR THE FOLLOWING REASONS:	'		May 30, 1978
(b) (6)			(Dale resignation le written)
(6) (6)			•
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THE EFFECTIVE DATE OF MY RESIGNATION W	ILL BE COB 7-7-78	Aller St V	Sdill X
	· ·	- Hours	Jun 1
***			(Signature)
+ "		RATION DATA	
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	(City).	(State) NC	(ZIP Code)
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## **EMPLOYEE SERVICE STATEMENT** (See information on reverse)



1. NAME (CAPS) LAST-FIRS											
Control Control	T-MIDDLE	gar W	el branch	MRMIS	S-MRS.	2. BIRTH I	DATE ay, Yr.)		3. SOCIAL	SECURITY NO.	4. STATEMENT NO. *
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A. PREVIOUS CIVILIAN SERVICE								1976	A STANSON		
В.	2	17	76	8	28	76	1	in the			
SERVICE PERFORMED IN THIS AGENCY	8	29	76	7	7	78	2	4	21	xx	
C. MILITARY SERVICE			Per	DD214			5	5	2		
D. ACCUMULATE ALL SERV	ICE AND	ENTER TO	OTAL SER	VICE HERE	<b>*</b>		7	9	23		
☐ NONE—TRA	NUITY A	T AGE 62	<u>OR</u> LUM	A PARTY OF THE		SC RETIRE!	WEINI WEINI			SF	2802 complete
7. REMARKS CONCERNING S	ERVICE	NTRIES A	BOVE:								
8. SIGNATURE OF EMPLOYER	Same La	1 /		DA	Tre Contract			The same of the same		The state of the s	THE RESERVE OF THE PARTY OF THE

2815-101

#### INSTRUCTIONS FOR EMPLOYING OFFICES

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement.

Itoms 1-3 Must agree with SF-50.

rule)

- Itom 4 Number statements in consecutive order.
- Use FPM Supp. 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none"; do not leave blank.
- Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows: (Only one box is to be checked).
   None Check if the employee transfers to another position subject to the Civil Service Retirement System.
   Refund Only Check if the employee fails to meet either of the two general requirements for retirement upon

separation: (A) 5 years total civilian service and (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("one of two"

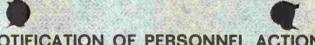
Deferred Annuity or Refund - Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite.

Immediate Annuity - Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite.

Minimum Age	Minimum Service (Years)	Special Requirements
62	5	None
60	20	None
55	30	None
Any age	25	Separation must be involuntary without cause or during a major reduc-
50	20_	tion in force as determined by the Civil Service Commission.
Any age	5	Total disability; "one of two" rule, above, does not apply.

- Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks.
- The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.
- Items 9-11 The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.
- NOTE: A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.

This is an 'official' document generated from the eOPF system.



	NOTIFICATION (EMPLOYEE -				MANAGEMENT TO SEC.			
1. NAME, LAST - FIRST - MIDDLE	MR MISS	- MRS MS.	2. STATION N	NO. 3. B	IRTH DATE	THE RESERVE AND DESCRIPTION OF REAL PROPERTY.	SOCIAL SECUR	RITY NO.
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(b) 1, NO 3. 10-PT. I	DISAB. 5. 10-PT. 0	THE RESERVE OF THE PARTY.	6. TENURE G	ROUP 7	SERVICE COM	(b) (6)		
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313 RESIGNATION								07-07-78
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31. DATE OF APPOINTMENT AFFIDAVIT (Access	ions only)		34, SIGNATU	IRE (Or other aut				
32. OFFICE MAINTAINING PERSONNEL FOLDER	(If different from employing office)	CA Line			Oack.	R. alls	on	
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VA OO Veterans Admir VA FORM 5-4650 Ar This is an 'official' document generated from the eOPF system.

OP

AGENCY CERTIFICATION OF PINSURANCE STATUS STANDARD FORM:56 JANUARY 1970 U.S. CIVIL SERVICE COMMISSION FPM SUPPLEMENT 870—1 56—1 Federal Employees Group Life Insurance Program \_109 2(a), DATE OF BIRTH (Month, Doy) Year) 2(b). SOCIAL SECURITY ACCOUNT NUMBER 1. NAME (First) (Middle) (Last) JONES. Johnnie M., Jr. 3. CHECK THE REASON: FOR TERMINATING INSURANCE Separated (includes resignations) NOTE: If the reason checked is "b, Retired" your group life insurance (but-(b) Retired . not accidental death and dismemberment benefits) will continue during retirement if you meet the conditions described in "Notice to Retiring Employee" Died as an employee (c) (d) Died as a reemployed annuitant End of 12 months non-pay status (e) Other (specify) 4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY CURRENT SF 54 IS ON FILE IN CURRENT SF 54 IS CURRENT THE EMPLOYEE'S OFFICIAL PERSONNEL NOT ON FILE WITH THIS SF 54 ATTACHED FOLDER (OR EQUIVALENT) NOTE; IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF S4, IF ANY, TO ORIGINAL SF S6 AND CHECK BOX 4 (6) ON ORIGINAL AND ALL COPIES OF SF S6; IF NO CURRENT SF S4 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE. 7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE 8. DATE OF NOTICE OF CONVERSION 5. DATE OF EVENT CHECKED IN ITEM 3 6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSUR-ANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) PIECEWORK, ETC. RATE TO ANNUAL RATE. INSURANCE (SF 176 or 176-T): 7-14-78 7-7-78 5\_9\_100 PER ANNUM 9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5. Name and address of agency, including zip code Personal signature of authorized agency official Veterans Administration Hospital

Asheville, N.C. 28805

Phone number, including area code

704 298-7911 X322

SEE OTHER SIDE

FOR

INSTRUCTIONS TO EMPLOYING AGENCY



Date

7-6-78

Typed name of outhorized agency official

Title

jack R. Allison

Chief, Personnel Service

## INSTRUCTIONS TO EMPLOYING AGENCY

#### COMPLETION OF CERTIFICATION

- 1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
  - a. Death
  - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
  - Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
  - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
    - (1) Employee waived or declined on SF-176 (or SF-176-T);
    - (2) If it is known that, within 3 calendar days after the date the insurance ferminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
    - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
- 2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Rotirement (SF 2801) with the Civil Service Commission.
- 3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
- 4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

#### DISPOSITION OF CERTIFICATION

- 1. Death of employee
  - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance;
  - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6), when received.
  - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
  - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employeest Group Life Insurance.
- 2. Retirement of employee
  - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 for the employee, [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, affach the original SF 56 (and SF 54), if any) to the "FINAL" Individual Retirement Record (SF 2806).]
  - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above. Illustrative Statement
    - "I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

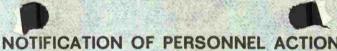
(Employee's stgnature) (Address—print or type) (Date)

- If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Rotain SF 54, if any.
- 3. If employee is receiving compensation benefits
  - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
  - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH; WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
  - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF-56. Retain SF 54, if any.
- 4. All other cases-
  - "Upon request, give the employee the original and duplicate copy of the SF-56 or mail them to him.
- 5. In all cases—

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

PROMPT CERTIFICATION REQUIRED

0



		(EMPLOYEE - See	General Infor	mation on Reve	erse)			
1. NAME. LAST - FIRST - N		MR MISS - MRS			BIRTH DATE		(b) (6)	JRITY NO.
JONES JOHN		MR.	Z ENGLAND SERVICE	060 RE GROUP	7. SERVICE C	OMP. DATE		4 4 4 10
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24. NAME AND LOCATION	OF EMPLOYING OFFICE						est contract	
VAH ALMIN	SVCS MEDICAL	ADMINISTRATI	ON SER	VICE	ASH	EVILLE	NC	
25. DUTY STATION (City-		italiya Karana ya karana			202		26. LOCATION C	
ASHEVILLE 27. APPROPRIATION	vc .		28. POSITION O	CCUPIED		29. APPORTI	ONED POSITION	70-021
84	12.2580		1 COMP	ETITIVE SERVICE TED SERVICE			PROVED-1 NAIVED-2	STATE
30 REMARKS EMPLOYEE ME	ETS ALL REGULA	EMENTS FOR C	ONVERS	ION UNDE	R THE	CITED	AUTHOR	ITY.
SERVICE COU	NTING TOWARD C	ARSER/OR PEF	MANENT	/ TENURE	EROM		(b) (6)	
PREBATICKAR	Y/TRIAL/PERICO	COMPLETED						
YCUR POSITI STANDARCS A	ON IS SUBJECT	TC THE PROVI	SIONS	OF THE F	AIR L	ABOR		
Hart								
31 DATE OF ADDOUGTER	AFEIDAVIT (ACTION OF A		34 CICN	ATURE (C)	100	IND TITLE		

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)

33. CODE EMPLOYING DEPARTMENT OR AGENCY

35. DATE 02-17-78

VA OO Veterans Admit VA FORM 5-4650 5 This is an 'official' document generated from the eOPF system.

OPY 4

## NOTIFICATION OF PERSONNEL ACTION

1. NAME, LAST . FIRST . MIDDLE	·		- MS. 2. STATION N	0. 3 <u>. Bi</u>	RTH DATE		CIAL SECURI	TY NO.
JONES. JOHNNI	E M JR	MR.					(6)	
I. NO 2, 5-PT.	3. 10-PT. DISAB. 4. 10-PT. COMP.	5. 10-PT, OTHER	1 <u></u> •	2	SERVICE COMP. D.	(b) (6)	8}	IANDICAP CODE
LI   J. COVERED—(Regular only   2. INEUGIBLE	-declined Optional) 3. WAIVED	4. COVERED—(Reg. and C	10, RETIREME		S 5. OTHE	R		4 ,,
2. CODE S.C. NATURE OF		T, COVERED—(Neg. and C	**************************************	• • • • • • • • • • • • • • • • • • • •	IONE	<del>!,::</del> ,	NTE DATE	3. EFF. DATE
. 893 WITH	in-grade in	ICREASE				i ·		`01~01∻7:
	THER LEGAL AUTHORITY			*		<del></del>		·
5. FROM - POSITION TITLE AND	NO.	<del>, , , , , , , , , , , , , , , , , , , </del>	<del></del>	16, PAY PL, OCCUP, CODE	17: GRADE OR	STEP/18.	SALARY	
CLERK			•	GS	04	RATE	PA S	8,902
00340Å	- a	, a	•	0301	) u		•	
9. NAME AND LOCATION OF EM		. ADMINISTRAT	ICN SERV	i ce	ASHEVI	LLE	NC	* -
O. TO - POSITION TITLE AND NO			<del></del>	<del></del>	22. GRADE OR LEVEL	STEP/ 23.	SALARY	7 1 - 2 10 4 - 24 - 24
CLERK	*		•.,	GS 0301	04.	2	PA \$	9,199
00340A		• ,	•	, , , ,				*
A, NAME AND LOCATION OF EM		ADMINISTRAT	ION SERV	ICE "	ASHEVI	LLE	NC	· -
S, DUTY STATION (City—State) AS HEV ILLE	NC.			<b>1</b>		26. LC	37-01	70-0 <u>2</u> 1
7. APPROPRIATION	o e n o	2	28. POSITION OCCUP	,	FROM	PORTIONED F	то	STATE
0. REMARKS	2580		2 1. COMPETITIV 2. EXCEPTED S	ERVICE		1. PROVED- 2. WAIVED	<u> </u>	
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	SIGNATURE A	ND TITLE	*	Ó	ATE*	, *	, 3 #- "1	
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l	N WW	a bulder	(and		nocen	· · · · · · · · · · · · · · · · · · ·	Sec	et.
	mes a				' ' <b>ય</b> ,	O		•
Jenry & m	$u \subset v$	1. 6						
Heury E. MYERS hief, Medical Ad	ministration	Service		* . *	· · · · · · · · · · · · · · · · · · ·	7		
, s , , , , , , , , , , , , , , , , , ,		Service	34, SIGNATUR	E (Or other auth	entication) AND TIME	d		
I. DATE OF APPOINTMENT AFFI	DAVIT (Accessions only)	,	34, SIGNATUR	E (Or other auth	entication) AND TIME			
	DAVIT (Accessions only)	,	34, SIGNATUR	Que	NNEL OFF	saint.		129

VA FORM 5-4650 This is an 'official' document generated from the eOPF system.

# NOTIFICATION OF PERSONNEL ACTION

, , , , , , , , , , , , , , , , , , ,			(EMPLOYEE - See	General Information	on Reverse)			•
1. NAME, L	AST - FIRST - MIDDLE	- 61 ×	MR: MISS . MRS.	- MS. 2. STATION, NO.	3, BIRTH DAT	E	SOCIAL SECU	RITY NO.
JONE	S, JOHNNIE	N JR	MR	5060			(b) (6)	
1. 1	N PREFERENCE NO 5-PT.	3. 10-PT, DISAB. 4, 10-PT, COMP.	5. 10-PT. OTHER	6. TENURE GROUI	7.0202	(b) (6	, [o,	TIMIDIONI GODE
3	-		1	IO. RETIREMENT			(For CSC use)	<u></u>
2. 1/	OVERED—(Regular only NELIGIBLE	3. WAIVED	4. COVERED—(Reg. and C	(DOT) 1 1. CS 2. FICA	3. FS	5. OTHER		
12. CODE	- S.C. NATURE OF	ACTION					NTE DATE	13, EFF, DATE
	1 1	ži	່ <sub>ອ</sub> ີ່ ອ	* '	<b>b</b>		,	4
721	REASS	IGNMENT	l de		· .	. 4		12-18-77
14. CODE		THER LEGAL AUTHORITY	<del></del>	<del></del>	<del></del>	<del>-i</del>	" s"a	12 10 11
D.4	REG. 307	1 104	-		, ,	d 15	j j i	
86 15: FROM •	POSITION TITLE AND		9	16	PAY PL 17. GRAD	E OR STEP	18. SALARY	
le .	<b>■</b> / <sub>1</sub>		ı	occ	UP. CODE LEVE	L RATE	,, ,	
F	CLERK		•		GS 0	4 1.	PA \$	8,902
	00340A	· · · · · · · · · · · · · · · · · · ·	- * u	,	1301			a
19. NAME A	ND LOCATION OF EM	PLOYING OFFICE						·-·
VAH	ADMIN SV	CS MEDTGÄL	ADMINISTRATI	ON SERVICE	AS	HEVILLE	NE	<b>n</b>
	SITION TITLE AND NO			21.	PAY PL. 22. GRAD UP, CODE LEVE	E OR STEP		
<b></b>	CLERK-TYP	IST	* 6		GS 0 322	4 1	PA \$	8,902
	011I4A	<b>8</b> 1 − 41	4	- и		Î		
24. NAME A	ND LOCATION OF EM	PLOYING OFFICE	<u> </u>		, ,		,	<del></del>
VAH 25. DUTY S	ADMIN SV	CS MEDICAL	ADMINISTRAT	ON SERVICE	AS	HEVILLE.	NC 6. LOCATION CO	DDE
ASHEV	T1-1 F	NC	, A	18.	44	1	37-01	70-021
27. APPROP			2	8. POSITION OCCUPIED	•	29. APPORTION		
		2526		2 11. COMPETITIVE SE 2. EXCEPTED SERVI	RVICE	FROM	το <i>νέὸ-</i> ι   Ι	STATE
30, REMARK	8.412 ó	<b>2380</b>		4 12. EXCEPTED SERV	CE ,	] 2 WA	VED-2	<del></del>
YOUR		IS SUBJECT	TO THE PROVI	SIONS OF T	HE FAIR	LA BOR'	-	er er

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)

33. CODE EMPLOYING DEPARTMENT OR AGENCY

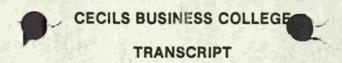
34. SIGNATURE (Or other extremit continuation) AND TITLE

ERSONNEL OFFICER

1299

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PY 4

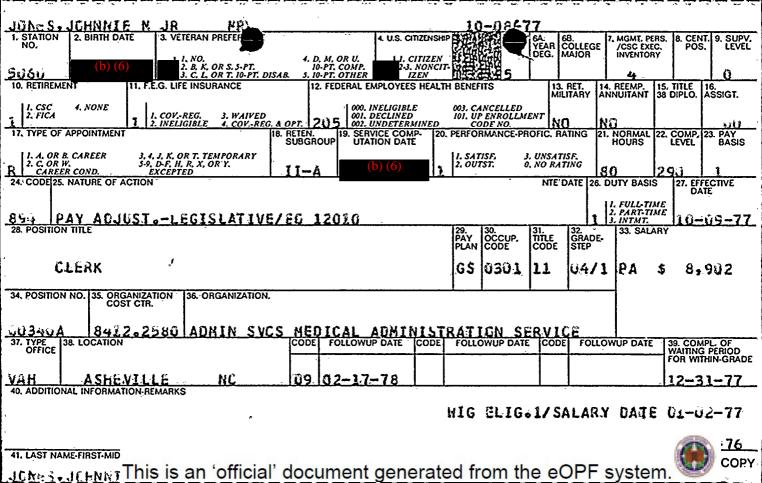


FOR OPF

NAME	JONES	J	OHNNIE	MILTON,	Jr.
None -	Last		(b) (6)	Middle	
Street or R.F.	D.4	City	THE BALL	State	Zip Code
ENROLLMENT DATE	April 1.	1976	COURSE	Business Administration	

Subjects		Hrs. Quarter	Subjects	Grade	Qt. Hrs.	Quarter
Accounting I	(b) (6)	Sum 16 3 76	Legal Sec. Procedures	(b) (6)	4	
Accounting II		4 3 76	Legal Shorthand		4	
Accounting III		4 3.577	Logic		4	
Accounting IV		4	Machines Transcription		2	
Accounting V		4 III III III III III III III III III I	Management Retailing		4	
Advanced Mathematics		4 50 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Mathematics		4	lo 76
Advertising		4 60.77	Medical Procedures		4	
Algebra			Medical Shorthand		4	
Auditing			Money and Banking		4	
Automation Fundamentals		4 7 76	Office Management		4	
Business Law I		427 210 210 220 220 220 220	Payroll Accounting		2	
Business Law II		417 (2015) 100 (100 (100 (100 (100 (100 (100 (100	Personal Finance		4	
Business Machines	/	2 36.77	Personel Management		4	Sui 17
Case Problems in MGT		4	Philosophy		4	1
College English		4	Political Science		4	
College Mathematics		4	Prin. of Econ I (Micro)		4	FIZZ
Communications I		4 Sp 76	Prin. of Econ. II (Macro)		4	
Communications II		4	Prin of Econ. III		4	
Contemporary Music		4	Prin. of Management		- 4	Surn'6
Credits and Collections		412 200000000000000000000000000000000000	Prin. of Marketing		. 4	F177
Discussion and Conf. Tech.		4	Psychology, Applied		- 4	
Effective Speaking I		4 4 77	Psychology, General		4	Sp 76
Effective Speaking II	-14	4	Reading Development		2	NO CO
English Composition I		4	Real Estate I		4	
English Composition II	_	4	Real Estate II		4	
Ethics	-	4	Real Estate Law		4	
Federal Taxation		4	Sales Promotion		4	
Federal Taxation Advanced	_	4	Salesmanship		4	Sw.77
Filing and Indexing	_	2	Secretarial Science		4	water 1
Finance	-	4	Shorthand I		4	1
Governmental Accounting		4	Shorthand II		4	
Human Relations		4	Shorthand III		4	
Humanities I		4	Shorthand IV		- 4	
Humanities II		4	Statistics I		4	ATTENDED TO STATE OF THE
Insurance Mgt. I		4	Statistics II		4	The state of the s
Insurance Mgt. II		4	Twentieth Century Lit.		4	
Intro. to Business		1 Sb'77	Typewriting I		4	
Intro. to Literature		4	Typewriting II		4	Sun %
Intro. to Sociology		4	Typewriting III		4	State W
Investments I		4	Typewriting IV		- 4	
Investments II		4	U.S. History I		4	F177
Journalism		4	U.S. History II		4	
Keypunch		4			*****	276
Total Control of the			Common tit	A	-	SB:77

COMMENTS:





UNITED STATES GOVERNMENT

## Memorandum

TO : Chief, Personnel Services

DATE: 4-1-77

FROM:

Johnnie Milton JONES, Jr. (M.A.S.)

SUBJECT:

Lising of educational courses completed

1. The attached listing of educational courses completed is attached herewith requesting that it be included in my personnel folder.

Johnnie M. JONES, Jr

(b) (6)



This is an 'official' document generated from the eOPF system.



(b) (6)

JONES, Johnnie Milton Jr.

Courses completed at Cecil's Junior College, Asheville NC from April 1976 through March 1977

### COURSE TITLE

April 1976 thru June 1976

Business Mathematics General Psychology English Communications I

July 1976 through August 1976

Introduction to Management Typing II Accounting I

September 1976 through December 1976

Accounting II
English Communications III
Introduction to Data Processing

January 1977 through March 1977

Effective Speaking Shorthand (Speedwriting) I Advertising

## LETTER GRADE







(EMPLOYEE - See General Information on Reverse) Exception to SF50 Approved by Bureau of the Budget, Oct., 1964 MR. - MISS . MRS. 2. STATION NO. 3. BIRTH DATE 4. SOCIAL SECURITY NO. 1, NAME, LAST . FIRST - MIDDLE 5060 TENURE GROU 5. VETERAN PREFERENCE 1.112 , SERVICE COMP, DATE 3. 10-PT, DISAB. 4. 10-PT, COMP. 5. 10-PT. OTHER IO. RETIREMENT 3. FS 4. NONE 5. OTHER COVERED—(Regular only COVERED-(Reg. and Opt.) S.C. NATURE OF ACTION NTE DATE 13. EFF. DATE CIVIL SERVICE OR OTHER LEGAL AUTHORITY 16, PAY PL., OCCUP, CODE 15. FROM . POSITION TITLE AND NO. 7. GRADE OR STEP/ 18, SALARY LEVEL LLERK-TYPIST GS 03 7.,408 0322 **30282A** 19, NAME AND LOCATION OF EMPLOYING OFFICE 20. TO POSITION TITLE AND NO. 22. GRADE OR STEP/ RATE OCCUP, CODE 8,516 CLERK GS 04 1 PA 0301

24. NAME AND LOCATION OF EMPLOYING OFFICE

J0340A

A SHEVILLE NC.

25. DUTY STATION (City—Station COLUMN COLU

30. REMARKS

YOUR POSITION IS SUBJECT TO THE PROVISIONS OF THE FAIR LABOR STANDARDS ACT.

31, DATE OF APPOINTMENT AFFIDAVIT (Accessions only)

32. OFFICE MAINTAINING PERSONNEL FOLDER (II different from employing office)

33. CODE EMPLOYING DEPARTMENT OR AGENCY

35. DATE

36. SIGNATURE: (Or oth) coythentment) IND TITLE

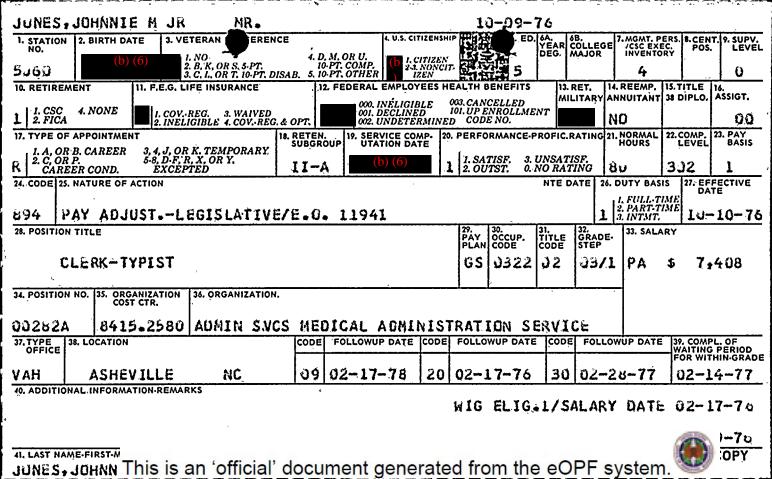
PCK SONNEL UFFICER

1. - 30 - 76

VA. oolveterans Admin
VA FORM 5-4650

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OPY



Budget Bureau Approved 50-RO372.

(Data needed for appointment or conversion)

INSTRUCTIONS TO APPOINTEE:—An record in determining your prese be grounds for dismissal after ap	nt fitness for Federal employ	ment. A false sta	atement or di	shonest answe	r to any questi	in your on may
1. NAME (Last-First-Middle)		2. BIRTH DATE	3. BIRTHPLAC	E (City and State,	or foreign country	y)
JONES, Johnnie M., Jr.			Spartan	burg, SC		
4. PRESENT ADDRESS (Number, Street, City, St	ate and ZIP Code)					
	(b) (6)					
5. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY	(B) RELATIONSHIP	(C) HAMBER, STREET	, CITY, STATE, AN	D ZIP CODE	(D) TEL	
6. A. DOES THE UNITED STATES GOVERNMENT ELIVED WITHIN THE PAST 12 MONTHS?   If "Yes," for each such relative fill in	MPLOY, IN A CIVILIAN CAPACITY, ANY ES Ø NO the blank below. If additional space	(b) (6) RELATIVE OF YOURS Lis necessary, comp	lete under item	12.	. •	_
NAME	PRESENT ADDRESS (Including ZIP Code)	RELATIONSHI	MAR. SIN. IP RIED GLE (Check one)	(1) Department or (2) City and Star appointment	agency in which emp te; ZIP Code, (3)	Kind of
				2		······································
				2. , 3		
				3		
B. HAVE YOU ANY RELATIVE (BY BLOOD OR MA AGENCY THAT IS CONSIDERING YOU FOR EN If "Yes," for each such relative give in It form.	em 12 full name, address (includin	g ZIP Code), and r	relationship. If n	OR MILITARY CAPAC tore space is neede	CITY FOR THE DEPAR	RTMENT.OR
ANSWER BY PLACING "X" IN PROF				" IN PROPER COLL		YES NO
7. ARE YOU A CITIZEN OF THE UNITED STATES	OF AMERICA? If "No." (b) (6)	10. SINCE THE DATE APPLICATION) FO	E YOU SIGNED YO OR THIS EMPLOYM	UR QUALIFICATIONS ENT, HAVE YOU:	STATEMENT (UK	(b) (6)
give country of which you are a citizen:				T FOR ANY REASON?		
8. DO YOU RECEIVE OR DO YOU HAVE A PENDI TIREMENT OR RETAINER PAY, PENSION, OI BASED UPON MILITARY, FEDERAL CIVILIAN, O GOVERNMENT SERVICE?	NG APPLICATION FOR RE- R OTHER COMPENSATION R DISTRICT OF COLUMBIA	O. BEEN DISCH THAN HONO charge chang	) FIRE YOU FOR AT	INFORMED THAT Y MY REASON? E ARMED SERVICES NS? (You may oming a Discharge Review	S UNDER OTHER	
If your answer is "Yes," give details, in		suthority.) If your answer to Show the name an				
9. SINCE THE DATE YOU SIGNED YOUR QUALIFY APPLICATION) FOR THIS EMPLOYMENT, HAVE YOU		proximate date, ar 11. HAVE YOU BEE	id reason in each	case.		
A. BEEN CONVICTED OF AN OFFENSE AGAINS' COLLATERAL, OR ARE YOU NOW UNDER CH AGAINST THE LAW?	T THE LAW OR FORFEITED ARGES FOR ANY OFFENSE	THIS EMPLOYM	N EMPLOYED BY ENT? ver the following			
(You may omit: (1) traffic violations for \$30.00 or less; and (2) any offense commit day which was finally adjudicated in a juver offender law.)	which you paid a fine of ted before your 21st birth-	A. SINCE JANU. INSURANCE LIFE INSURA	ARY 1968 HAVÉ " COVERAGE UNDER INCE PROGRAM?	YOU FILED A WAIV THE FEDERAL EM	ER OF REGULAR PLOYEES' GROUP	
B. BEEN CONVICTED BY GENERAL COURT-MAR TARY SERVICE?	ITIAL WHILE IN THE MILI-	C. SINCE JANU	ARY 1968 HAVE	, HAS IT BEEN CAN YOU EVER ELECTE	D OPTIONAL IN-	
If your answer to A or B is "Yes," give d for each offense: (1) date, (2) charge, (3) (5) action taken.	etails in Item 12. Show place, (4) court, and	LIFE INSURA	INCE PROGRAM?	THE FEDERAL EMP TION HAS IT BEEN (		
12. SPACE FOR DETAILED ANSWERS TO OTHER	QUESTIONS (Indicate item numbers			ue on reverse if		
ITEM NO.		ITEM NO.				
	~~~~~~~					
	****************	ļ			**************	
	,					
CERTIFICATION.—I certify that all of and belief and are made in good	the answers to the questions alth.	s above are true;	н		best of my kn	owledge
Signature of appointee	zwywu X	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	1/00/00	f signature		
APPOINTING OFFICER, ←Enter date of (This form is to be completed before	of appointment or conversion entrance on duty under the	EOD: 8	/		Standard Form 6	





STANDARD FORM 144

U.S. CIVIL SERVICE COMMISSION STATEMENT OF PRIOR FEDERAL FPM Supp. 296–31	. CIVILIAN <i>e</i>	ND N	IILITA	IRY SE	RVICE				
IMPORTANT: This form is used only to establish creditability of service and reduction in force purposes. The employee will concern used as a cumulative record or the employee's affidavity of the Official Personnel Folder.	mplete Part I a	nd the	Persor	nel Offic	e Parts	II and	á III.   W	/hen this	form is
PART I.—EMPLOYEE'S STATEMENT.					,	-			
1. NAME (Last, first, initial)	Mr.	Mrs.	Ċ	Miss		2. 1		ATE (Mo.,	day, yr.)
JONES, Johnnie M., Jr.						1	(t	0) (6)	
3. LIST THE FOLLOWING INFORMATION ABOUT ANY CLAIMED FEDER									
YET BEEN VERIFIED. (Do not include military service.) IF ANY OF UNDER "TYPE OF APPOINTMENT."	THIS SERVICE	WAS	PART-	TIME, W	/AE, OF	INTE	RMITTE	NT, NOT	E THIS
NAME AND LOCATION OF AGENCY		FROM			то	٤.	TYPE (	OF APPOIN	
	YEAR	нтиом	DAY	YEAR	монтн	DAY		(If known	
National Weather Records Ctr., Asheville XXXX Asheville, N. C. Natl. Clim. Ctr.	76	2	17	76	8	28		b) (6)	
VAH, ashville, N.C.	76	8	29				**		i
,				,				41	
4. LIST PERIODS OF ANY CLAIMED ACTIVE SERVICE YOU HAVE HAD INCLUDING ACTIVE DUTY AS A RESERVIST, WHICH HAS NOT YET ICE shown in Item 3.)	IN ANY BRA BEEN VERIFIE	NCH C	F THE	ARMEI Merchan	FORC t Marin	ES OI e servi	F THE U	JNIȚED S Interrupte	TATES, d serv-
BRANCH		FROM			то			DISCHARG	-
	YEAR,	монтн	DAY	YEAR	монтн	DAY	(710	on. or Dish	
Navy  Navy  DS OS  5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU	72	01	12	76	02	03		(b) (6)	
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU ABSENCE WITHOUT PAY DURING ANY ONE CALENDAR YEAR? (If Y	HAVE A TOTA	AL OF	MORE rmatio	THAN 6	MONTI	-IS	Y	ES	_ ио
TYPE IF KNOWN (L.W.O.P., Furl., Susp., A.W.O.L.)		FROM			то			TOTAL	
TIPE IF KNOWN (E.M.O.F., Full., Susp., Almost.)	YEAR	монтн	DAY	YEAR	нтиом	DAY	YEARS	MONTHS	DAYS
75 14-17 76-3-07 5CD 5-9-15 5CD			R				,		
6. DO YOU CLAIM ANY TYPE OF VETERAN PREFERENCE WHICH HAS of the following statements if it applies to you:    CLAIM PREF    CLAIM PREF	FERENCE AS THE FERENCE AS THE FERENCE AS T	HE NU LHE WO	E OF OTHER REMAR	OF A	DECEAS	ETERA SED C	N. OR DISA		
7. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSON	IS AUTHORIZE	о то и	NIMO	STER O	ATHS.				
I swear (or affirm) that the above statements are true to the be	st of my knowle	dge and	belief			)			
Date: EOD: 8/29/76	Omme	U.	M	u\$					
	,·		ے ر	7	ture)				
affirmed) before me on this 30th day of August (Month)	19 76	- at	Ash	evill (City)	.е,		N. C.	(State)	
SEAL	A							<b>ATT</b>	·

NOTE: If oath is

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TO	DE	COUDI	ETEN	DV	TUE	DEDCONNET	UEEICI

PART II.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE COMPUTATION DATE FOR LEAVE PURPOSES. (See FPM, Chapter 630 and Supplement 296-31, Appendix B.) NOTE: For year below, show only last two numbers, for months show numerical equivalent.

CREDITABLE SERVICE (List only periods that are creditable for	Appoi	(a) ntment da	te	Sepai	(b) ration dat	e	NONCREDITABLE SERVICE (List noncreditable civilian or military service included in dates to the left)
leave purposes)	YEAR	нтиом	DAY	YEAR	MONTH	DAY	included in dates to the left)
ENTRANCE ON DUTY DATE						•	·
TOTAL NONCREDITABLE SERVICE		<del>                                     </del>			1		
TOTAL	(a)	<del>-  </del>		(b)	1		
SERVICE COMPUTATION DATE (a)-(b)	<u> </u>			(0)			

PART III.—DETERMINATION OF CREDITABLE SERVICE AND SERVICE DATE FOR REDUCTION IN FORCE PURPOSES. (Complete only in cases where the amount of creditable service for reduction in force purposes differs from the amount creditable for leave purposes.) (See FPM Chapter 351 and Supplement 296–31, Appendix B.)

CREDITABLE SERVICE	(a) Appointment date			(b) Separation date			NONCREDITABLE SERVICE (List noncreditable civilian or military service
	YEAR	нтиом	DAY	YEAR	MONTH	DAY	included in the additional service only)
SERVICE COMPUTATION DATE (From Part II) ADDITIONAL SERVICE CREDITABLE FOR RIF ONLY							
•							n -
;		,					•
9		,					
,							
							) N
							,
TOTAL NONCREDITABLE SERVICE					<u> </u>		•
	(a)	.		(b)			,
SERVICE DATE (a)-(b)*		i i			١.	1	

\*Enter as the "Service Date" on Standard Form 7, "Service Record."

REMARKS:



2810-117

## NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

	NTIFYING DAT	<b>A</b>	
I. NAME (LAST) (FIRST) (MIDDLE INI	TIAL)	2. DATE OF BIRTH	3. CARRIER CONTROL NO.
Jones, Johnnie M., Jr.		(b) (6)	21791604
4. ADDRESS (INCLUDING ZIP CODE) (b) (6)		36 00 5060	6. ENSOLIMENT CODE NO.
		7, SOCIAL SECURITY (b) (6)	8, DATE THIS ACTION BECOMES EFFECTIVE 08-29-76
ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLMENT IS INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS Part B.—T			LLOW ANY PERTINENT
YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM	8, ABOVE.		
	-		
Part C.— CH	ANGE IN PLAI	1	
YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEI	EN TERMINATED	BECAUSE OF YOUR ENROLLM	NT IN ANOTHER PLAN.
Part D.—TRANSFER OUT		Part E.—TRANSF	ER:IN
YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):			15
	SHOWN	IEW PAYROLL OFFICE (OR IN PART K BELOW HAS AC NROLLMENT AND WILL CONTI	CEPTED TRANSFER OF
Part F.—SUSPENSION		Part G.— REINSTA	TEMENT
YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM-8, ABOVE.	YOUR THE I	RENROLLMENT HAS BEEN REIN DATE IN PART A, ITEM 8, ABO	STATED, EFFECTIVE ON D
Part H.— CHANGE I	N NAME OF E	NROLLEE	
THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHAP			
NAME •	DATE	OP BIRTH	SEX MALE FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, I	TEM 4, ABOVE		
Part I.— CHANGE IN ENROLL	MENT — SURVI	OR ANNUITANT	
YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERA- SEND YOU A NEW IDENTIFICATION CARD.	GE TO SELF ON	LY. YOUR PLAN WILL	
YOUR NEW ENROLLMENT CODE NUMBER		,	
(NOTE: THIS ITEM TO BE COMPLE	TED BY RETIREM	ENT SYSTEMS ONLY)	
Part J	- REMARKS		
Transfer from Natl. Climatic Ctr., Ash	eville, 1	i, C.	
JACK R. ALLISON, Chief, Personnel Syc	ATE OF NOTICE	8/30/76 DATE	
VA Hospital, Asheville, N. C. 28805	j		Are,

This is an 'official' document generated from the eOPF system.

#### INSTRUCTIONS FOR EMPLOYING OFFICES

#### PURPOSE OF FORM

This form covers health benefits actions except enrollments, changes of coverage within a plan, and cancellations which are processed on Health Benefits Registration Form (SF 2809). When an action requires a change in health benefits enrollment, prepare SF 2810 as soon as the effective date is known and give the appropriate copies to the enrollee and payroll office immediately. Preparation and distribution of copies should not be delayed pending SF 50 action in the case of transfers to another payroll office.

#### PROMPT ACTION REQUIRED FOR CONVERSION

To be eligible to convert to a nongroup contract, enrollee must furnish his copy of this natice to his Plan not later than 31 days after the date shown in Part A, item 8, or 15 days after the date shown in Part K, whichever gives him more time. Therefore, make this form available to the enrollee as soon as

#### COMPLETION OF FORM

#### PART A-IDENTIFYING DATA

- For items 1, 2, 3, and 6, transcribe from the last SF 2809 or SF 2810, whichever is the most recent.
- Item 4, use most recent known address
- 3. Item 5, use payroll office number of office authorized to process withold-
- 3. Item 5, use payroll office number of office authorized to process withoutings.

  4. Item 8, date as follows for action reported in:

  B. TERMINATION-Last day of pay period in which separation (or other action terminating enrollment) occurs except, when coverage terminates because of completion of 365 days in nonpay status, ase date of 365th day; and, when coverage terminates because of military duty not limited to 30 days or less, use date employee is separated, furloughed, or placed on leave of obsence for military duty.

  C. CHANGE IN PLAN-Last day of pay period preceding effective date of election to change plans.

  D. TRANSFER OUT-Actual date.

  E. TRANSFER IN-Actual date.

  F. SUSPENSION-Actual date.

  - F. SUSPENSION-Actual date.
    G. REINSTATEMENT-Actual date.
    H. CHANGE IN NAME OF ENROLLEE-Actual date.
    J. CHANGE IN ENROLLMENT-SURVIVOR ANNUITANT-Effective date of sole survivor's annuity.

#### PART B-TERMINATION

These most frequently occurring actions terminate enrollment with enrollee eligible to convert to individual confract:

Separated

Furloughed by reason of reduction in force Retired—not eligible to continue enrollment Died-no survivor eligible to continue enrollment Termination of title to annuity or compensation Changed to excluded position or category
365 days nonpay status completed
Entered military duty not limited to 30 days or less
Employee organization gives notice to terminate employee's enrollment in organization's plan.

#### PART D-TRANSFER OUT

Losing office use this box to report transfer actions, such as:

Transferred to another agency or payroll office number (do not use SF 2810 for transfer between employing offices serviced by the same payroll office number)

Retired-Transfer to a retirement system-employee appears eligible to continue enrollment as an annuitant

Death-Transfer to retirement system-survivor appears eligible to continue enrollment as a survivor annuitant.

Transferred to Bureau of Employees' Compensation.

#### PART E-TRANSFER IN

Gaining office use this box to report transfer actions, such as:
Acceptance of transfer from another agency or payroll office number
Retired-Acceptance of transfer by retirement system because employee
is eligible to continue enrollment as an annuitant
Death-Acceptance of transfer by retirement system because survivor is

eligible to continue enrollment as a survivor annuitant

Transfer accepted by Bureau of Employees' Compensation.

NOTE: Retirement systems (including BEC) accepting transfer in, show also in "Remarks" whether enrollment is for an "EMPLOYEE ANNUITANT" or "SURVIVOR ANNUITANT."

#### PART F-SUSPENSION and PART G-REINSTATEMENT

State in "Remarks" reason for any action not applicable to active military duty such as "Reinstatement of erroneous separation."

#### PART H-CHANGE IN NAME OF ENROLLEE

Use this box only for reporting changes in name where change of coverage within a plan by SF 2809 is not involved. Show date of birth only where enrollment is changed from employee's or annuitant's name to name of survivor annuitant.

#### PART I-CHANGE IN ENROLLMENT-SURVIVOR ANNUITANT

Only agencies administering retirement systems will make this determination on the basis of documentary evidence that there is only one survivor annuitant,

#### PART J-REMARKS

Use this box to bring to the attention of the employee, annuitant, or insurance carrier any pertinent information to clarify or support the action being

#### PART K-DATE OF NOTICE

Facsimile signature is acceptable. Date as of day of issuance,

#### DISPOSITION

ORIGINAL-Deliver (or mail) to employee, annuitant, or survivor at earliest possible date. In case a termination SF 2810 must be issued more than 75 days after the effective date of termination, destroy the original copy.

DUPLICATE and TRIPLICATE-Send to appropriate payroll office.

QUADRUPLICATE—File in Official Personnel Folder (or its equivalent) except in cases of death or retirement reported as "Transfer Out" to a retirement system (included Bureau of Employees' Compensation). In latter cases, send the triplicate copy of each Health Benefits Registration Form (SF 2809) accepted from the employee including any Medical Certificates attached thereto and this quadruplicate SF 2810 to appropriate payroll office for transmission to agency or office administering retirement or compensation system.

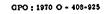




## APPOINTMENT AFFIDAVITS

	Clerk-Typist			August 29	, 1976
	(Position to whi	ch appointed)		(Date of appo	ointment)
V. A. H	ospital	Medical Ad	lmin. Svce.	Asheville,	N. C.
(Der	partment or agency)	· (Burcau or	division)	(Place of emp	loyment)
I,	JOHNNIE M. JONES	5, JR.	, do s	olemnly swear (o	r affirm) that—
A. OATH	OF OFFICE				
domestic; without an	support and defend th that I will bear true for my mental reservation o of the office on which I	aith and allegiand r purpose of evasi	e to the same; the on; and that I w	at I take this ob	ligation freely,
B. AFFID	AVIT AS TO STRIKI	NG AGAINST	THE FEDERAL C	OVERNMENT	
	not participating in any od I will not so particity thereof.				
C. AFFID	AVIT AS TO PURCH	HASE AND SAL	E OF OFFICE		
	o not, nor has anyone a for or in expectation or				
		_	(Sig	nature of appointee	·)
Subscribed	l and sworn (or affirme	d) before me this	30th day of _	August	A.D. 19_76
at	Asheville,		N.	C.	
	(City)		$\overline{\rho}$	(State)	$\overline{\Omega}$
•	veteraniş Mühainist	ration	· /	8	χ
•	Act of 6-Aseless, S	ins, 786	(S)	ignature of officer)	Jawyer
Commissio	n expires		Personne!	l Clerk	•
(If by a Note	ary Public, the date of expiration should be shown)	ration		(Title)	

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.







Exception to SF50 Approved by Bureau of the Budget, Oct., 1964	(EMPLOYEE - See Gen			
1. NAME_LAST - FIRST - MIDDLE	MR. · MISS · MR	S. 2. STATION NO.	3. BIRTH DATE	4. SOCIAL SECURITY NO. (b) (6)
5. VETERAN PREFERENCE  1. NO 2. 5-PT. 4. 10-PT. COMP.	5. 10-PT. OTHER	6. TENURE GROUP	7. SERVICE COMP. DA	
1. COVERED—(Regular only-declined Optional) 2. INEUGIBLE 3. WAIVED	4. COVERED—(Reg. and Opt.)	10. RETIREMENT	3. FS 5. OTHER 4. NONE	11. (For CSC use)
12 CODE S.C. NATURE OF ACTION	THENE APPLIENT			NTE DATE 13. EFF. DATE
15 FROM - POSITION TITLE AND NO.		16. PAY OCCUP. (	PL 17. GRADE OR CODE LEVEL	STEP/18. SALARY RATE
19. NAME AND LOCATION OF EMPLOYING OFFICE				
20 TO - POSITION TITLE AND NO.		21. PAY OCCUP. O		STEP/ 23. SALARY RATE
CLERK-TYPIST		65 032	0.0	1 PA & 7,102
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25 DUTY STATION (City—State)	<i>DE 18 ( 8 )   8   1   1   1   1   1   1   1   1   1</i>	X 350X156		26. LOCATION CODE
27 APPROPRIATION	28. F	POSITION OCCUPIED	29. APPO	ORTIONED POSITION  TO STATE
30. REMARKS	7	1. COMPETITIVE SERVICE 2. EXCEPTED SERVICE		1. PROVED-1 2. WAIVED-2
SUBJECT TO CUPPLETION OF 1	L YEAR PROBAT	LCHARY ZOR	TRIAL/ PERI	DD COMMENCING
YOUR POSITION IS SUBJECT T	TO THE PROVIS	ICNS OF THE	FAIR LAUCE	
31 DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other	er authentication) AND TITLE	000
32 OFFICE MAINTAINING PERSONNEL FOLDER (If different fro	m employing office)	- Jac	CK.	William
		CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE		
33 CODE EMPLOYING DEPARTMENT OR AGENCY		35 PATE PER	SONNEL UPF1	CER 1299

This is an 'official' document generated from the eOPF system.

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EXCEPTION TO SF-50 APPROVED 7-22-68 1. NAME (CAPS) LAST-FIR	TO GRE DC4		02306-FL MRMISS-N	LON CRG	DCA1		3	4. SOC. SEC. NO.	).
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SEPARATION	(b) (6)	1 20	1 Zafica	13. EFFECTIVE		AUTHORIT	RVICE OR OTH	IER LEGAL	
15. FROM: POSITION TITLE AND	PETECROLOG	CICAL AID	,			GS U1341	17. GRADE OR LEVEL AND RATE	18. SALARY	<b>02.</b> 60
NUMBER  19. NAME AND  LOCATION OF  EMPLOYING OFFICE	NATIGNAL C NATIONAL C INEURBATIO	CLIMATIC	CENTER, E	:0\$	137	ASHEVILLE,		FR 4 12	
20. TO: POSITION TITLE AND NUMBER		SERVICES				21. PAY PLAN AND OCCUPATION CODE	22. GRADE OR LEVEL AND RATE	23. SALARY	,
24. NAME AND LOCATION OF EMPLOYING OFFICE							<u> </u>		
25, DUTY STATION (City	r - county - State)	,					<del></del>	26. LOCATION C	ODE
27. APPROPRIATION	<del></del>	BUNC	28. POSITION OCC	IVE SERVICE	. 29.	APPORTIONED POSITI	ION  1, PROVED 2, WAIVED	1 37 0170	STATE
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3). DATE OF APPOINTME 32. OFFICE MAINTAINING	G PERSONNEL FOLDER /		ploying office)	. •	34. SIG	MATURE (Or other Aut.	rentication) A	NO TITLE	

This is an 'official' document generated from the eOPF system. CMO7

33. CODE EMPLOYING DE

2810-110

#### NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT

Part A.- IDENTIFYING DATA (MIDDLE INITIAL) 2. DATE OF BIRTH 3. CARRIER CONTROL NO. I. NAME JONES, JOHNNIE M., JR. 21791604 6. ENROLLMENT CODE NO. 4. ADDRESS (INCLUDING ZIP CODE) 5. PAYROLL OFFICE NO. 13 14 0001 205 7. DATE THIS ACTION BECOMES EFFECTIVE 08-28-76 ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION. Part B.—TERMINATION OUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7. ABOVE. Port C .- CHANGE IN PLAN YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN. Part E.-TRANSFER IN Part D.-TRANSFER OUT YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM): YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. Part G.- REINSTATEMENT Part F.—SUSPENSION YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. Part H.- CHANGE IN NAME OF ENROLLEE THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO: SEX ☐ MALE T FEMALE ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE Part I.— CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. YOUR NEW ENROLLMENT CODE NUMBER (NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY) Part J.— REMARKS Part K.- DATE OF NOTICE Personnel. NOAA, EDS, Nat'l Climatic Center, Federal Bldg., Asheville, NC 28801

This is an 'official' document generated from the eOPF system.

### INSTRUCTIONS FOR EMPLOYING OFFICES

#### PURPOSE OF FORM

This form covers health benefits actions except enrollments, changes of coverage within a plan, and cancellations which are processed on Health Benefits Registration Form (SF 2809). When an action requires a change in health benefits enrollment, prepare SF 2810 as soon as the effective date is known and give the appropriate copies to the enrollee and payroll office immediately. Preparation and distribution of copies should not be delayed pending SF 50 action in the case of transfers to another payroll office.

#### PROMPT ACTION REQUIRED FOR CONVERSION

To be eligible to convert to a nongroup contract, enrollee must furnish his copy of this notice to his Plan not later than 31 days after the date shown in Part A, item 7, or 15 days after the date shown in Part K, whichever gives him more time. Therefore, make this form available to the enrollee as soon as possible,

#### COMPLETION OF FORM

#### PART A-IDENTIFYING DATA

- 1. For items 1, 2, 3, and 6, transcribe from the last SF 2809 or SF 2810,
- whichever is the most recent.

  2. Item 4, use most recent known address.
- 3. Item 5, use payroll office number of office authorized to process witholdings.
- ings.
  Item 7, date as follows for action reported in:
  B. TERMINATION-Last day of pay period in which separation (or other action terminating enrollment) occurs except, when coverage terminates because of completion of 365 days in nonpay status, use date of 365th day; and, when coverage terminates because of military duty not limited to 30 days or less, use date employee is separated, furloughed, or placed on leave of obsence for military duty.
  C. CHANGE IN PLAN-Last day of pay period preceding effective date of election to change plans.

- C. CHANGE IN PLAN-10ST day of pay period election to change plans,
  D. TRANSFER OUT--Actual date,
  E. TRANSFER IN--Actual date,
  F. SUSPENSION--Actual date,
  G. REINSTATEMENT--Actual date,
  H. CHANGE IN NAME OF ENROLLEE--Actual date,
  CHANGE IN NAME OF ENROLLEE--Actual date,
  CHANGE IN NAME OF ENROLLEE--Actual date.
- I. CHANGE IN ENROLLMENT-SURVIVOR ANNUITANT-Effective date of sole survivor's annuity.

#### PART B--TERMINATION -

These most frequently occurring actions terminate enrollment with enrollee eligible to convert to individual contract:

Separated

separated
Furloughed by reason of reduction in force
Retired-not eligible to continue enrollment
Died-no survivor eligible to continue enrollment
Termination of title to annuity or compensation Changed to excluded position or category 365 days nonpay status completed Entered military duty not limited to 30 days or less Employee organization gives notice to terminate employee's enrollment in organization's plan,

#### PART D-TRANSFER OUT

Losing office use this box to report transfer actions, such as:

Transferred to another agency or payroll office number (do not use SF 2810 for transfer between employing offices serviced by the same payroll office number)

Retired-Transfer to a retirement system-employee appears eligible to continue enrollment as an annuitant
Death—Transfer to retirement system-survivor appears eligible to continue

enrollment as a survivor annuitant.

Transferred to Bureau of Employees' Compensation.

#### PART E-TRANSFER IN

Gaining office use this box to report transfer actions, such as: Acceptance of transfer from another agency or poyroll office number Relired-Acceptance of transfer by retirement system because employee is eligible to continue enrollment as a survivor annuitant Death-Acceptance of transfer by retirement system because survivor is eligible to continue enrollment as a survivor annuitant Transfer accepted by Byrou of Smaller and Communitant

Transfer accepted by Bureau of Employees' Compensation,
NOTE: Retirement systems (including BEC) accepting transfer in, show also
in "Remarks" whether enrollment is for an "EMPLOYEE ANNUITANT"
or "SURVIVOR ANNUITANT."

#### PART F--SUSPENSION and PART G--REINSTATEMENT

State in "Remarks" reason for any action not applicable to active military duty such as "Reinstatement of erroneous separation."

#### PART H-CHANGE IN NAME OF ENROLLEE

Use this box only for reporting changes in name where change of coverage within a plan by SF 2809 is not involved. Show date of birth only where enrollment is changed from employee's or annuitant's name to name of survivor annuitant.

### PART I-CHANGE IN ENROLLMENT-SURVIVOR ANNUITANT

Only agencies administering retirement systems will make this determination on the basis of documentary evidence that there is only one survivor annuitant.

#### PART J-REMARKS

Use this box to bring to the attention of the employee, annuitant, or insur-ance carrier any pertinent information to clarify or support the action being

#### PART K-DATE OF NOTICE

Facsimile signature is acceptable. Date as of day of issuance.

#### DISPOSITION

ORIGINAL-Deliver (or mail) to employee, annuitant, or survivor at earliest possible date. In case a termination SF 2810 must be issued more than 75 days after the effective date of termination, destroy the original copy.

DUPLICATE and TRIPLICATE--Send to appropriate payrall office.

QUADRUPLICATE—File in Official Personnel Folder (or its equivalent) except in cases, of death or retirement reported as "Transfer Out" to a retirement system (included Bureau of Employees' Compensation). In latter cases, send the triplicate copy of each Health Benefits Registration Form (SF 2809) accepted from the employee including any Medical Certificates attached thereto and this quadruplicate SF 2810 to appropriate payroll office for transmission to agency or office administering retirement or compensation system.





## EMPLOYEE SERVICE STATEMENT (See information on reverse)



1. NAME (CAPS) LAST-FIRST-MIDDLE 2. BIRTH DATE (Mo.,Day,Yr.) MR.-MISS-MRS. 3. SOCIAL SECURITY NO. 4. STATEMENT NO. MR. JONES, JUHNNIE M. SERVICE CIVIL SERVICE FROM ŤΟ IF "NO" NAME OTHER RETIRE-MENT SYSTEM SERVICE RETIREMENT **DEDUCTIONS** SUMMARY MO. DAY YR. MO. DAY YR. YRS. MOS. DAYS YES **PREVIOUS** CIVILIAN SERVICE SERVICE PERFORMED 02 16 08 28 X 12 IN THIS AGENCY 76 06 00 69 29 04 01 09 10 MILITARY SERVICE 7.6 00 ACCUMULATE ALL SERVICE AND ENTER TOTAL SERVICE HERE 6. COMPLETE THIS ITEM ONLY FOR EMPLOYEES SEPARATING FROM POSITIONS SUBJECT TO THE CIVIL SERVICE RETIREMENT SYSTEM - YOUR RETIREMENT BENEFIT, BASED ON THE ABOVE SEPARATION, IS INDICATED BELOW: NONE - TRANSFER TO ANOTHER POSITION SUBJECT TO CSC RETIREMENT LUMP SUM REFUND ONLY IMMEDIATE ANNUITY DEFERRED ANNUITY AT AGE 62 OR LUMP SUM REFUND 7. REMARKS CONCERNING SERVICE ENTRIES ABOVE: 11. AGENCY NAME, INCLUDING BUREAU AND DIVISION, AND DATE 8 SIGNATURE OF EMPLOYEE **ADDRESS** Dept. of Commerce, NOAA EDS, National Climatic Center 9. SIGNATURE OF AGENCY OFFICIAL Federal Building 28801

This is an 'official' document generated from the eOPF system.

STANDARD FORM 2815

#### **INSTRUCTIONS FOR EMPLOYING OFFICES**

Complete this form upon separation (and conversion to or from an appointment under the Civil Service Retirement System) to provide a cumulative record of creditable service for Civil Service retirement.

- Items 1-3 Must agree with SF-50.
- Item 4 Number statements in consecutive order.
- Use FPM Supp. 831-1, Retirement, S-3, Creditable Service, to determine the length and creditability of periods of service. All entries are to reflect verified service documented in the employee's Official Personnel Folder (OPF). If the previous civilian service or military service sections do not apply to the employee, enter "none"; do not leave blank.
- Complete only for separations and conversions from positions subject to Civil Service retirement deductions, checking the appropriate box as follows: (Only one box is to be checked).

  None—Check if the employee transfers to another position subject to the Civil Service Retirement System.

  Refund Only—Check if the employee fails to meet either of the two general requirements for retirement upon

separation: (A) 5 years total civilian service and (B) at least one year of service subject to the Civil Service Retirement System in the two year period preceding the separation ("one of two"

rule)

Deferred Annuity or Refund — Check if the employee, at separation, meets both of the general requirements for retirement but does not meet any of the sets of conditions for immediate annuity opposite.

Immediate Annuity — Check if, at separation, the employee meets both of the general requirements and any of the sets of conditions for immediate annuity shown opposite.

Minimum Age	Minimum Service '(Years)	Special Requirements
62	5	None
60	20	. None
55	30	None
Any age	25	Separation must be involuntary with- out cause or during a major reduction
50	20	in force as determined by the Civil Service Commission.
Any age	5	Total disability; "one of two" rule, above, does not apply.

- Explain any difference between the amount of creditable service entered for a period of service and the calendar time represented by the "From" and "To" dates entered for the same period, i.e. Excess LWOP, Intermittent Service, or "Time Lost" during military service. Also use this section to clarify any other entries on the form. For example, if the employee had two periods of military service enter "See Remarks" and the amount of total military service in Section 5C and enter the dates of military service under Remarks.
- The employee is to review and sign the forms during the exit interview or at some other convenient time prior to actual separation. If the employee's signature is not obtained before actual separation, the employee and OPF copies of the form are to be forwarded to the employee for signature. The control copy is to be filed on the right-hand side of the employee's OPF. The material sent to the employee is to include a letter of transmittal which instructs the employee to sign and return the OPF copy and a franked envelope with the agency's return address. If the employee fails to return the OPF copy, the control copy will be retained in the personnel folder. If the OPF copy is returned or if the employee's signature is obtained before separation, the control copy may be discarded.
- Items 9-11 The completed forms are to be signed by an authorized agency personnel official, including title, agency name, bureau, division, and mailing address.
- NOTE: A current copy of this form is to be filed on the right-hand side of the employee's Official Personnel Folder whenever the folder is transferred between agencies or from an agency to the Federal Records Center, regardless of nature of agency, type of appointment, or reason for separation.



This is an 'official' document generated from the eOPF system.

	If typ	ewriter is not available,					ce'legible c		
		FEDERA	ENEFITS RE L EMPLOYEES HEAL instructions on	TH BEN	EFITS PROGR	AM 🍊 '	· .	New Carrier 2179	1604
,		TO EMPLOYING OFFICE: SHOW OL ENROLLMENT OR TO CHANGE OP	D CARRIER'S CONTRO HONS OR TYPE OF EN	L NUMI	SER ONLY IF EL	LECTION IS TO ME PLAN.	CANCEL C	Old Carrier	's Control No.
PART A	1. NAME		RST)	(MIDI	DLE INITIAL)		RTH	3. ARE YOU N MARRIED?	ow
		JONES, Johnnie				<del></del>	AY YEAR	Yes	(b) (6)
ALL WHO REGIS- TER MUST FILE	4, YOUR	RMAILING ADDRESS (NUMBER AN	ID STREET)		- '		b) (6)	No	
IN THIS PART.	(CITY)	(STATE)	(ZIP CODE)			SOCIAL SECU	RITY	6. SEX	
	,	(b) (6)	<b>,</b>			ACCOUNT NU	MBER (6)	MALE	
	<u> </u>	(0) (0)	IMPORT	A 41T			) (0)	FEMALE	
I ENROLLMENT MUS	JCANNO JCANNO	OYEE OR A MEMBER OF HIS FAMILY FOF ANOTHER FEDERAL OR DISTRI ICELED OR CHANGED TO SELF ONLY. FELECT A FAMILY ENROLLMENT UN	TO BE COVERED UND CT OF COLUMBIA EM SIMILARLY IF A FAM LESS THE FAMILY ME	DER MO IPLOYEE ILY MEI EMBER C	ANCELS HIS (O	Y YOU IN PART R HER) ENRO	BIS COVERED T	HROUGH HIS ( EE BACK OF P.	OR HER) OWN AGES 2 AND 3.
PART B	1, i el	ect to enroll in a health benefits plane of the cost of the enrollment. (Co	n as shown below. I a	authoria quested	e deductions from ba	om my salary, ck page of bro	compensation, cochure of the plan	or annuity to con you select.)	over my
FILL IN THIS		OF PLAN		·			R LOW ENF		DE NUMBER
PART IF YOU WISH TO ENROLL	- -				(b) (6)				
OR CHANGE	2. Ins	pace below list all eligible family mem	bers without exception	n: List	your wife or hu	sband first, the	n your unmarried	children und	er age
MENT IN A	22, par	pace below list all eligible family mem including (a) legally adopted childre ent-child relationship, Include also am ncapable of self-support. (Attach a do	n and (b) stepchildren y unmarried child over	r 22 who	children, and i became disable debild see 22 o	illegitimate chi	Idren who live w	ith you in a reuse of the disal	egular bility,
HEALTH BENE- FITS PLAN.	PA PA	RENTS OR OTHERS WHO ARE NO E DEPENDENT ON YOU AND ARE	T ELIGIBLE FAMIL	Y MEM	BERS, THEY	WILL NOT RE	CEIVE BENEFIT	S, EVEN IF T	HEY
If enrollment is for Self Only,		NAMES OF FAMILY MEMBERS	DATE OF BIRTI (Month, Day, Yes	н		OF FAMILY N		DATE	OF BIRTH Day, Year)
answer Item 1.	Wife or Husband	- I							6
If enrollment is for Self and		(b) (6)	·	2					7
Family, also an- swer item 2.				لگا					
				3					8
CHANGING YOUR	-			4					9
ENROLLMENT ALSO FILL IN					<u> </u>				10
PART D.		,	5-2-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-	5			<del> </del>		110
PART C	1. I ELE	AN "X" IN ITEM 1 OR 2, WHICHEVER A CT NOT TO ENROLL IN A PLAN UNDE	R THE FEDERAL		2. I ELECT TO	CANCEL MY P	RESENT ENROLL	MENT UNDER	THE
FILL IN THIS	EMPL	OYEES HEALTH BENEFITS PROGRAM	•		<u></u>	BER SHOWN BE			
WISH NOT TO			Present E			nrollment Cod	If yo	où elect to car	ncel
YOU WISH TO CANCEL YOUR								ure to read nceliation of l	Enroll-
ENROLLMENT.						<u> </u>		t" on back of	page 3.
PART D		RITEMS 1, 2, AND 3 TO SHOW ENROLL DILMENT CODE NUMBER	MENT CODE BEING C				NGE. DATE OF EVENT	WHICH PERM	ITS CHANGE.
FILL IN THIS PART, AS WELL	OF P	RESENT PLAN.	(See table on back o						
AS PART B, TO CHANGE YOUR	lr						МОМТН	DAY	YEAR
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PART E			$\bigcirc$				NINGAny in		
ALLWHO REGIS.							application or thereto is a	•	
TER MUST FILL	-69	mell (leller)		)2 <u>-2</u> 3	1-76		ble by a fine of risonment of n		• • •
IN THIS PART.	7	YOUR SIGNATURE DO NOT PAY		, (D)			. (18 U.S.C. 10		ili 5 years,
		AND ADDRESS (INCLUDING ZIP CO		FFICE		2. DATE RI	CEIVED IN ING OFFICE	3. EFFECTIVE	VE DATE OF
PART F		tional Climatic Cen	ter				00 76	00.0	00 76
		deral Building	1			02~	23–76	02-2	29-76
TO BE COMPLETED	ASI	neville, NC 28801		Par	rsonnel	4. PAYROL	L OFFICE NO.	5. SF 2811 R	EPORT NO.
BY AGENCY.	12.	Plist W. Elino	_		icer	13	14 0001		
*		(SIGNATURE OF AUTHOR	RIZED AGENCY OFFIC			-			
DEMA ŠKO	/					<del></del>			
REMARKS \ FOR USE ONLY	۲								
BY AGENCY.		P							
	L	*,		,			Standa	rd Form No. 2	809

#### INSTRUCTIONS FOR EMPLOYEES AND ANNUITANTS (READ CAREFULLY BEFORE COMPLETING FORM)

· Before registering, employees should study Standard Form No. 2809-A, The Federal Employees Health Benefits Program. Annuitants should read BRI 41-118, Information For Annuitants. If you need information or help, consult the person or office which usually advises you on personnel matters. You can also obtain information and assistance from any office of the U.S. Civil Service Commission.

### COMPLETION OF FORM

- 1. Use typewriter or bear down with ball-point pen to make legible copies. Sign 2. If you wish to enroll, fill in Parts A, B, and E.

  3. If you do not wish to enroll or if you are enrolled and wish to cancel your en-

- 4. If you wish to change your enrollment from Self Only to Self and Family (or the reverse) or if you wish to change from your present plan or option to another plan or option, fill in Parts A, B, D, and E.

#### DUAL ENROLLMENT PROHIBITED

No person may be enrolled both as an employee or annultant and covered as a member of a family. If your wife or husband works for the Government, you may each enroll for Self Only or one of you may enroll for Self and Family. If you are unmarried and under age 22 and have a parent who is a Federal employee enrolled for Self and Family under this Program, you are covered under your parent's en-rollment and may not enroll in your own name until you lose this coverage.

#### ENROLLMENT CODE NUMBER

The enrollment code number you fill in shows the plan and option in which you will be enrolled. It also shows whether you are enrolling for Self Only or Self

Be sure you copy the name of the plan and the enrollment code number from the brochure correctly.

#### **ENROLLMENT IN A COMPREHENSIVE PLAN**

If you enroll in a comprehensive plan (group-practice or individual-practice), be sure you are in the geographic area served by the plant otherwise, you may be entitled only to the plan's out-of-area benefits;

#### ENROLLMENT IN AN EMPLOYEE ORGANIZATION PLAN

If you enroll in an employee organization plan, you must be (or become) a member of the organization which sponsors the plan. Your membership will be verified.

### IF YOU ARE REGISTERING FOR SOMEONE ELSE

If you are registering for an employee or annultant under a written authorization from him to do so, sign your name and attach the written authorization.

#### **MEDICAL CERTIFICATES**

- 1. If you enroll for Self and Family and the family includes a child over age 22 who is incapable of self-support because of mental or physical incapacity which existed prior to attainment of age 22, you must attach a cerifficate signed by a doctor which gives the following information:

  - A. The child's name.

    B. The nature of the child's disability.
  - The period of time the disability has existed.
  - D. The probable future course and duration of the disability.
  - The doctor's name and address.

- 2. The decision of your employing office concerning the disability is final and unless the child's disability is considered permanent, the doctor's certificate may have to be renewed from time to time.
- 3. In the case of a disabled child under age 22 whose disability is expected to continue beyond age 22, a doctor's certificate should be filed with your employing office at least 30 days before the child's 22nd birthday; otherwise, he may no longer be covered as a member of the family.
- 4. If you are changing your enrollment, a new medical certificate is not required if one which has not expired is already on file.

#### **ANNUITANTS**

- 1. If you are an annultant under the Civil Service Retirement System, the Bureau of Retirement, Insurance, and Occupational Health, U.S. Civil Service Commission, Washington, D.C. 20415, acts as your "employing office."

  2. If your annulty is being paid by a system other than the Civil Service Retire-
- ment System, the agency which authorizes payment of your annuity acts as your "employing office."
- 3. If you are in receipt of monthly compensation from the Bureau of Employees' Compensation and have been found unable to return to duty, the Bureau of Employees' Compensation, Department of Labor, ects as your "employing office."

#### **FUTURE CHANGES IN ADDRESS OR FAMILY**

After you file the registration form, you do NOT have to report future changes in your family or in your address to your employing office elthough the plan in which you enroll may ask you to supply it directly with this information. You should, however, immediately notify your employing office when you become the only person covered by the family enrollment so that your enrollment may be changed to Self Only. You should also notify your employing office if you change your name or are enrolled for Self Only and get married or otherwise add family members, so you can change to family coverage.

### **CHANGES IN ENROLLMENT**

You may have other opportunities to change your enrollment; or, if you previously elected not to enroll, you may have an opportunity to enroll in a plan. A table summarizing the various opportunities for employees to change and the time limit within which a change must be made appears on the back of page 2 of this form. It also appears in Standard Form No. 2809-A. If you do not have a copy of that form, you should get one from your employing office.

#### **CANCELLATION OF ENROLLMENT**

You may register to cancel your enrollment at any time. See the back of page 2 of this form for information on effective dates. If you are an employee and you cancel your enrollment, you may reenroll only under the circumstances explained on the back of page 2 of this form. If you cancel now and later reenroll, you will not normally be eligible for health benefits coverage during retirement unless you remain continuously enrolled for 5 years immediately preceding your retirement, and retire on immediate annuity with at least 12 years service or for disability. If you are an annuitant and you cancel your enrollment, you cannot reenroll as an annuitant.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1974—551.663







FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL

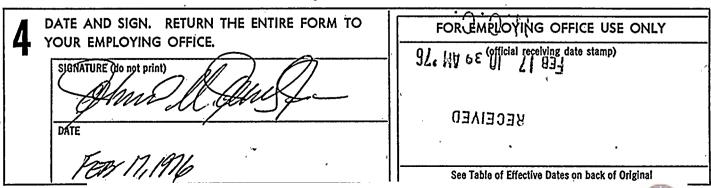
### TO COMPLETE THIS FORM—

#### FOLLOW THESE GENERAL INSTRUCTIONS:

- · Read the back of the "Duplicate" carefully before you fill in the form.
- FIII in BOTH COPIES of the form. Type or use ink.
- . Do not detach.

NAME	(last)	(first)	(middle)		DATE OF BIRTH (month, day, year) SOCIA	AL SECURITY NUMBER	
	JONES	Johnnie	М.,	Jr.	(b) (6)		
	YING DEPARTME artment o	ENT OR AGENCY f Commerce, NO.	AA, EDS		LOCATION (City, State, ZIP Code)		
Nat	ional Cli	matic Center		,	Asheville, NC 28801		

MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one): ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE Mark here if you. WANT BOTH I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance. optional and regular (A) insurance DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE Mark here if ýou I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless DO NOT WANT at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declina-**OPTIONAL** but do want (B) tion of additional optional insurance. regular insurance WAIVER OF LIFE INSURANCE COVERAGE Mark here if you I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurance unless I have the regular insurance. WANT NEITHER regular nor optional (C) insurance optional insurance unless I have the regular insurance.



**ORIGINAL** 

#### INSTRUCTIONS TO EMPLOYING AGENCIES

- 1. Who must file.—SF 176 must be filed by
  - a new employee who is not excluded by law or regulation from insurance. This includes one with prior Government service that ended before February 14, 1968, and for whom no SF 176-T is on file,

an employee appointed to a nonexcluded position following service during which he was ineligible for

an employee desiring to change his insurance cover-

Give a new employee copies of SF 176 and SF 176-A when he reports for duty and ask him to return the completed SF 176 showing his election promptly (preferably before the end of the first day period) but in no case later than 31 days after his appointment date.

An employee with prior Government service in a nonexcluded position from which he was separated after February 14, 1968, will have an SF 176 (or SF 176-T) on file in his official personnel folder. This election, declination, or waiver remains in effect, and he is accordingly insured, or not insured, in his new employment. He is not required to file a new SF 176.

Until his election, declination, or waiver can be verified, make deductions based on his statement concerning earlier insurance coverage in his "Declaration of Appointee" (SF 61).

An employee with newly acquired insurance eligibility (e.g., one transferred or converted from an excluded to a nonexcluded position or status), must be given the same opportunity to complete an SF 176 as a new employee.

An employee desiring to change his insurance may at any time file an SF 176 declining his optional insurance or waiving his regular (and optional, if any) insurance.

An employee who is under age 50 may also request a cancellation of a waiver of regular insurance or a declination of optional insurance any time after it has been in effect one year. The employee is first required to submit a "Request for Insurance" (SF 51). If the Office of Federal Employees' Group Life Insurance approves the SF 51, notify the employee and ask him then to submit an SF 176 showing his election.

- 2. Employees failing to file.—If a new employee (or newly eligible employee) does not promptly return a completed SF 176, contact him and urge him to do so even if he does not want optional insurance. (He will, of course, be automatically covered for regular insurance.)
  - If he still fails to file an SF 176 within 31 days after appointment (or after becoming eligible), file one for him as of that date; mark box B, and note in the space provided for his signature "employee contacted on (date) failed to elect optional insurance."
- 3. Review of completed SF 176.—Review both copies of the SF 176 to see that it is legible, complete, and correct. If employee waives (marks box C) it is advisable to contact him and ascertain whether this expresses his intention or is an error on his part.
- 4. Date of receipt and effective date.—Stamp date of receipt by employing office in the space provided for this purpose on both the original and the duplicate. The date of receipt automatically determines the effective date as shown in the table below.
- 5. Disposition of SF 176.—File the original SF 176 in the official personnel folder in all cases. The duplicate may be destroyed if not needed for payroll purposes or after the requirements of the agency's payroll system have been

### TABLE OF EFFECTIVE DATES New employee (never before filed SF 176 or SF 176-T)

, '	EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
•	Elects optional	OPTIONAL coverage effective on date SF 176 received by employing office or on first day in duty and pay status, if later; REGULAR coverage effective on first day in duty	OPTIONAL and REGULAR deductions begin with pay period in which coverages are effective.
+	Declines optional	and pay status.  Declination effective on date SF 176 received in employing office; REGULAR coverage effective on first day in duty.	REGULAR deductions begin with pay period coverage is effective. No OPTIONAL deductions.
A .	Walves Insurance	and pay status.  If received during first pay period, waiver effective on receipt;  If received after first pay period, then on last day of pay period in which received.	No. deductions if waiver: received during first pay period; REGULAR deductions, if begun, stop last day of pay period in which waiver is received.

#### Present or former employee (previously filed SF 176 or SF 176-T)

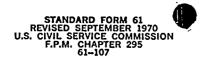
÷	- P V *** 5	· · _ · _ · _ · _ · _ · _ · · · ·	
PRESENT INSURANCE COVERAGE	EMPLOYEE'S DECISION	EFFECTIVE DATE OF DECISION	EFFECTIVE DATE OF DEDUCTIONS
Walved coverage	Elects optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for Insurance" (SF 51) by OFEGLI; OPTIONAL coverage effective on first day in duty and pay status after date of approval of SF 51 and receipt of SF 176 by employing office.	OPTIONAL and REGULAR deductions begin with pay period in which respective coverages are effective.
Waived coverage	Declines optional	REGULAR coverage effective on first day in duty and pay status after date of approval of "Request for insurance" (SF 51) by OFEGLI.	REGULAR deductions begin with pay period in which coverage is effective.
Has regular Insurance only	Elects optional	OPTIONAL coverage effective on first day in duty and pay status after date of approval of "Re- quest for insurance" (SF 51) by OFEGLI and receipt of SF 176 by employing office.	OPTIONAL deductions begin with pay period in which coverage is effective.
Has regular and op- tional insurance	Declines optional	Cancellation of OPTIONAL coverage effective on last day of pay period in which SF 176 received; REGULAR coverage continues.	OPTIONAL deductions stop last day of pay period in which declination is received; REGULAR deductions continue.
Has regular (or regular and optional) insur-	Walves Insurance	Waiver of REGULAR coverage (and cancellation of OPTIONAL, if any) effective on last day of pay period in which received.	REGULAR (and OPTIONAL, if any) deductions stop on last day of pay period in which waiver is received.

NOTES: 1. Approval by OFEGLI of a "Request for Insurance" (SF 51) is good for only 31 days: Regular coverage cannot become effective if employee is not in duty and pay status within 31-day period. Optional coverage cannot become effective unless the employee is in duty and pay status and also returns an SF 176, showing an election of optional insurance, to his employing office within the 31-day period. If approval of SF 51 expires, new SF 51 must be submitted to OFEGLI.

2. An employee for whom the agency files SF 176 because he failed to do so is deemed to have declined optional; but not regular, insurance.

3. The effective date of regular (and optional, if not declined) coverage for an employee who has been on leave without pay for more than 12 months is the first day he is in pay and duty status. Deductions are effective the same day.







## APPOINTMENT AFFIDAVITS

Meteorological Aid	02-17-76
(Position to which appointed)	(Date of appointment)
Commerce, NOAA, EDS, Nat'l Climatic Center, (Department or agency) (Bureau or division	
I, JOHNIE M. JONES, Jr.	, do solemnly swear (or affirm) that—
A. OATH OF OFFICE	
I will support and defend the Constitution of the Un domestic; that I will bear true faith and allegiance to the without any mental reservation or purpose of evasion; and the duties of the office on which I am about to enter. So help	e same; that I take this obligation freely, d that I will well and faithfully discharge
B. AFFIDAVIT AS TO STRIKING AGAINST THE FE	EDERAL GOVERNMENT
I am not participating in any strike against the Gover thereof, and I will not so participate while an employee any agency thereof.	
C. AFFIDAVIT AS TO PURCHASE AND SALE OF	OFFICE
I have not, nor has anyone acting in my behalf, give sideration for or in expectation or hope of receiving assists	en, transferred, promised or paid any con- ance in securing this appointment.
	(Signature of appointeby
Subscribed and sworn (or affirmed) before me this 17	day of <u>February</u> A.D. 19 <u>76</u> ,
at Asheville, (City)	North Carolina (State)
[SEAL]	West W Eproance (Signature of Officer)
Commission expires.	Personnel Officer
(If by a Notary Public, the date of expiration of his Commission should be shown)	(Title)

NOTE.—The oath of office must be administered by a person specified in 5 U.S.C. 2908. The words "So help me God" in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits; only these words may be stricken and only when the appointee elects to affirm the affidavits.





(Data needed for appointment or conversion)

INSTRUCTIONS TO APPOINTEE.—Answers all questions. Your answers will be considered together with other information in your record in determining your present fitness for Federal employment. A false statement or dishonest answer to any question may be grounds for dismissal after appointment or conversion and is punishable by law. Type, print or write legibly in link.

be grounds for distillssal after	appointment of conv	ersion and	i is puili	silable by	law. I	ype, p	THIL OF WILL IESIDI	y III IIIA.	
1. NAME (Last-First-Middle)	<del></del>	<del></del>	2. BIRTH	DATE	3. BIR	THPLAC	E (City and State, or f	oreign count	רעי)
JONES, JOHNNIE MILTO	W JE		(t	) (6)	SPA	KTAN	IBURG. S.C.		
4. PRESENT ADDRESS (Number, Street, City,			-4		*,,,,		. 6		
	(b) (6)								
5. (A) IN CASE OF EMERGENCY, PLEASE NOTIFY	(B) RELA	TIONSHIP	(c) NUME	ER, STREET,	CITY, ST	ATE. AN	D ZIP CODE	(D) TELEPH	ONE NO.
	(0)	4	(6)		,				
6. A. DOES THE UNITED STATES GOVERNMENT LIVED WITHIN THE PAST 12 MONTHS? [ If "Yes," for each such relative fill i	n the blank below. If add	CAPACITY, ANY	RELATIVE	OF YOURS (E	te unde	r Item	12.	ou in which am	nloved
NAME	PRESENT Al (Including Z		R	ELATIONSHIP	MAR- RIED (Check	GLE k one)	(2) City and State, appointment	ZIP Code, (3	) Kind of
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	1						3	FOR THE DEGA	DTUENT OR
B. HAVE YOU ANY RELATIVE (BY BLOOD OR I AGENCY THAT IS CONSIDERING YOU FOR If "Yee," for each such relative give in form.	MARRIAGE), NOT LISTED IN EMPLOYMENT?  Item 12 full name, addr	ANSWER TO	6A, ABOVE	, WHO WORKS de), and rela	i in a C itionshi	IVILIAN p. If m	ore space is needed, c	omplete on b	ack of this
ANSWER BY PLACING "X" IN PR	ROPER COLUMN	YES NO	L	ANSWER I	BY PLAC	Xיי מאו	" IN PROPER COLUMN		YES NO
7. ARE YOU A CITIZEN OF THE UNITED STAT	ES OF AMERICA? If "No,"	(b) (6)	O. SINC	THE DATE Y	OU SIGI	NED YOU	JR QUALIFICATIONS STA ENT, HAVE YOU:	TEMENT (OR	(b) (6)
give country of which you are a citizer	1:	_					FOR ANY REASON?		
8. DO YOU RECEIVE OR DO YOU HAVE A PEN TIREMENT OR RETAINER PAY, PENSION, BASED UPON MILITARY, FEDERAL CIVILIAN, GOVERNMENT SERVICE?	DING APPLICATION FOR RE OR OTHER COMPENSATION OR DISTRICT OF COLUMBIA	N A	B. Q	JIT A JOB . ITENDED TO F	AFTER I	BEING FOR AN	INFORMED THAT YOUR Y REASON?	IDER OTHER	
If your answer is "Yes," give details in	n Item 12.		8	ithority.)			NS? (You may omit an a Discharge Review Boa "Yea," give details i ding ZIP Code) of em		
<ol> <li>SINCE THE DATE YOU SIGNED YOUR QUAL APPLICATION) FOR THIS EMPLOYMENT, HAVE</li> </ol>	IFICATIONS STATEMENT (O. YOU:	R	proxima	te date, and	reason	in each	ding ZIP Code) of em case. THE FEDERAL GOVERNM		
A. BEEN CONVICTED OF AN OFFENSE AGAIN COLLATERAL, OR ARE YOU NOW UNDER AGAINST THE LAW?	CHARGES FOR ANY OFFENS	E	THIS	EMPLOYMEN 'es,'' answer	17				
(You may omit: (1) traffic violations is \$30,00 or less; and (2) any offense coming which was finally adjudicated in a juroffender law.)	for which you paid a fine o mitted before your 21st birth venile court or under a youti	of h- h	A. S	NCE JANUAR' ISURANCE CO FE INSURANC	Y 1968 VERAGE E PROGI	HAVE Y UNDER RAM?	OU FILED A WAIVER ( THE FEDERAL EMPLOY	OF REGULAR EES' GROUP	
B. BEEN CONVICTED BY GENERAL COURT-M	IADTIAL WHILE IN THE MILL		B. 18	YOU FILED	SUCH A	WAIVER,	HAS IT BEEN CANCELE	:D?	
TARY SERVICE?		ennimum.	C. SI	NCE JANUAR JRANCE COVI FE INSURANC	Y 1968 ERAGE U E PROGI	HAVE Y INDER RAM?	YOU EVER ELECTED OF THE FEDERAL EMPLOY	PTIONAL IN- EES' GROUP	
If your answer to A or B is "Yes," give for each offense: (1) date, (2) charge, (5) action taken.	(3) place, (4) court, and	å <i>//////////</i>	D. 11	YOU MADE	SUCH A	1 ELECT	ION HAS IT BEEN CANC	ELED?	
12. SPACE FOR DETAILED ANSWERS TO OTHE	R QUESTIONS (Indicate it	em numbers	to which	answers app	oly) (	(Contin	ue on reverse if neces	ssary)	
ITEM NO.			ITEM NO						
						,			
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			[	1					
CERTIFICATION.—I certify that all and belief and are made in good	of the answers to the	questions	atroye a	re true, co	-				
Signature of appointee	many	com	/	·····			signature .FEB.	11,1116	, 
APPOINTING OFFICER.—Enter date	of appointment or o	conversion:	annoint	nont or or		ion 6	ian in INK )		
(This form is to be completed before	e entrance on duty t	iliaer the	appoint	nent or co	nvers	iun. 5	Stan	dard Form 6 ebruary 197	51-B '1
							irs cavi	Service 1:01	

61-304

	U.S. DEPARTMENT OF	COMMERCE		
FORM CD-251 (7-68) EXCEPTION TO SF-50	NOTIFICATION OF PERSO		ON 4 PERSO	NNEL FOLDER COPY
APPROVED 7-22-68  1. NAME (CAPS) LAST-FIR	TO DEG DEGLOS PEN 023	2. AGENCY USI	E 3. BIRTH D	ATE 4 SOC. SEC. NO.
JONES JO	HANTE M JR MR	44568		(b) (6)
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STANDARD FORM 144 REY, AUGUST 1966 U.S. CIVIL SERVICE COMMISSION FPM Supp. 296–31  STATEMENT OF PRIOR FEDERAL	L CIVIL	IAN A	ND N	IILITA	RY SE	RVICE				
IMPORTANT: This form is used only to establish creditability of service and reduction in force purposes. The employee will conclude used as a cumulative record or the employee's affidavity of the Official Personnel Folder.	omplete F	Part I a	nd the	Person	nnel Offic	e Parts	il and	3 III. W	/hen this f	orm is
PART I.—EMPLOYEE'S STATEMENT.										
1. NAME (Last, first, initial)	Mr.	י ם	Mrs.		Miss		2. [		ATE (Mo., (	day, yr.)
JONES, JOHNNIE M. JA.					·				(b) (6)	
3. LIST THE FOLLOWING INFORMATION ABOUT ANY CLAIMED FEDER YET BEEN VERIFIED. (Do not include military service.) IF ANY OF UNDER "TYPE OF APPOINTMENT."	RAL OR I	DISTRIC ERVICE	T OF C	OLUM PART-	BIA SER TIME, W	VICE YO	OU HAN	/E HAD \ RMITTE	NT, NOTE	S NOT
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4. LIST PERIODS OF ANY CLAIMED ACTIVE SERVICE YOU HAVE HAI INCLUDING ACTIVE DUTY AS A RESERVIST, WHICH HAS NOT YET ice shown in Item 3.)	D IN AN	Y BRA	NCH C	F THI so list	ARMEI Merchan	FORC t Marin	ES OI	F THE Vice, If it	JNITED S' Interrupte	TATES, d serv-
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4.3. NAVAL RESERVE (ACTIVE DUTY)		YEAR 1967	MONTH SEP	DAY 20	YEAR 1969	JAN	29	(//	(b) (6)	
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U.S. NAVAL RESERVE (ACTIVE DUTY)	ľ	1972	JAN	12	1476	120	00			
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU ABSENCE WITHOUT PAY DURING ANY ONE CALENDAR YEAR? (If	U HAVE	A TOTA	AL OF	MORE	THAN 6	MONT	HS	Y	ES	X NO
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TYPE IF KNOWN (L.W.O.P., Furl., Susp., A.W.O.L.)		YEAR	монтн	DAY	YEAR	нтиом	DAY	YEARS	MONTHS	DAYS
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6. DO YOU CLAIM ANY TYPE OF VETERAN PREFERENCE WHICH HA of the following statements if it applies to you:  ☐ I CLAIM PRE ☐ I CLAIM PRE	FERENCE FERENCE	E AS TI	HE WIF	FE OF OTHER	OF A	DECEA	ETERA SED C	N. OR DISA	'Yes," che	
1 CLAIM PRE							OF A	VETERAI	٧.	
7. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSON						ATHS.				
I swear (or affirm) that the above statements are true to the be	sst of my	Knowle	oge and	Deliei 2	'/ )		7	)		
•	(_1	Shi	,0	1	AM.	X		<del>~</del> .	_	
Date:	7	1111	u c	-	(Signa	ture)	7			
Subscribed and sworn to (or affirmed) before me on this day of	19_		. at	<del></del>	(City)	•	·	· · · · · ·	(State)	
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PART II.—DETERMINATION OF CREDITABLE SER	VICE AND	SERVIC	E COM	PUTATION	DATE	FOR L	EAVE PURPOSES. (See FPM, Chapter 630 nbers, for months show numerical equivalent.		
CREDITABLE SERVICE (List only periods that are creditable for	(a) Appointment date			Sepai	(b) ation dat	te	NONCREDITABLE SERVICE (List noncreditable civilian or military service)		
leave purposes)	YEAR	монтн	DAY	YEAR	монтн		included in dates to the left)		
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PART III.—DETERMINATION OF CREDITABLE SER			E DAT	E FOR REC	UCTION	I IN F	ORCE PURPOSES. (Complete only in cases		
FPM Chapter 351 and Supplement 29				urpose's dif	lers from		amount creditable for leave purposes.) (See		
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Office of Management and Budget Approved 50-RO387

1A. Kind of position (job) you are filing for (or title of announcement) B. Announcement No.	DO NOT WILLIAM THIS MOCK FOR USE OF EXAMINING OF REPORTS
C. Options for which you wish to be considered (if listed in announcement)	Material Entered Register;  Submitted
D. Primary place(s) you wish to be employed	Nonappor. Returned
2. Home phone (including Area Code) 3. Office phone (including Area Code)	UNC
(b) (6)	Form Reviewed:
4. Name (Last) (First) (Middle) (Maiden, if any) XX Mr. Miss Mrs. and Address (Number, Street, City, State and ZIP Code)	Learned professor I AUR 17
JONES, Johnnie Milton Jr.	5 points
(b) (6)	10 Points
5. Legal or voting residence (State) North Carolina	Comp. Dis.
6. Height without shoes 7. Weight	Disal. Disal.
8. Birthplace (City and State, or foreign country)	Disal.
Spartanburg, South Carolina	Being Z
9. Birth date (Month, day, year) 10. Social Security Account Number (b) (6)	Initials and Date gated
11. If you have ever been employed by the Federal Government as a civilian, give your that classification series, grade, and job title.	THIS SPACE FOR USE OF APPOINTING OFFICER ONLY Preference has been verified through proof that the separation was
And Applicable	under honorable conditions, and other proof as required.  5-Pt. 10-Pt. Comp. Disab. 10-Pt. Other
Dates of service in that grade To	Signature and Title
12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.	Agency
Not Applicable	Refer for medical action
13. Lowest pay or grade you will accept PAY GRADE  14. When will you be available?	
15. Will you accept temporary employment for: VES NO 16. Where will you accept	t a job? YES NO 17. Will you accept less than full time work?
15. Will you accept temporary employment for: YES NO 16. Where will you accept (Acceptance or refutal of 1 month or less? Washington, D.C.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
temporary employment will not affect your consideration —1 to 4 months? Any place in the t	
for other appointments.)4 to 12 months?	
19. VETERAN PREFERENCE. Answer all patts. If a part does not apply to you, answer	Asheville NC Area Yes N
A. Have you ever served on active duty in the United States military service? (Exclusion B. Have you ever been discharged from the atmed services under other than honorable	ude tours of active duty for training as a reservist or Guardman.)
to honorable by a Discharge Review Board or similar authority.)  If "Yet," give details in Item 37.	the constitute ( ) out may only any other distributions
C. Do you claim 5-point preference based on active duty in the armed forces?  If "Yes," you will be required to furnish records to support your claim at the time you a	tre appointed.
D. Do you claim 10-point preference?	
E. List Dates, Branch, and Serial or Service Number of All Active Service (Enter "N	/A" if not applicable)
	unch of Service U.S.NAVY  U.S.NAVY  Serial or Service Number  (b) (6)
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PLEASE BE SURE TO	READ AT	ITAC	HED INSTRUCT	IONS BEFORE CO	OMPLET	ING ITEM 20		
20. EXPERIENCE (Start with your PRESENT )	a and wor	k back.	Account for periods of	unemployment in separ	Jocks,			
May inquiry be made of your present employer re (A"No" will not affect your consideration for emplo	anding your	charact nities e	er, qualifications, and xcept for HEARING	tected of employment EXAMINER positions.	)	<u> </u>	X Yes	□ No
Dates of employment (month, year) From 12 JAN 1972 To PRESE	ŅT TIME		Exact title of position Personnel	Administrato	or	If Federal service, grade USN- E	civilian o -5	t military
Starting \$ (b) (6) permonth	Avg. hrs. per week 48	CityA	of employment sheville	Number and kind of a supervised 25 - Inact:		Kind of business (manufacturing, acc	ot oig	anization inturance,
Present \$permonth	1 40	State:	N.C.			Military-		
Name of immediate supervisor (b) (6)			Name of employer U.S.Navy	(firm. organization, etc U.S. Naval	) and add Rese	tess (including ZIP Corve Center	de, if kno	ип)
Area Code and phone No. if known	0) (6)					ve.,Ashevil		
Reason for wanting to leave Honorable Di			I	<del></del>	ı,			
Description of duties, responsibilities, and accomp					~			
and control all records an								
management. Performed color of all classification test	latera.	l du	ities in cou	iseling and	recru:	iting. In (	charg	e ,
Commanding Officer on admi	nistat	ive	and trainir	g matters.	V 1301	co macciv	5 0111	<u> </u>
				-0	<del></del>	4		
					For ager	ncy use (skill codes, etc.	.,	
Dates of employment (month, year) From 2 FEB 69 To 8	IAN 72		Exact title of positio Manager-Mot	ion Pict.The	leatre	If Federal service, of	rívilian o	r military
Starting \$ (b) (6) per Week	Avg. hrs. per week	City:	Varied	Number and kind of er supervised	mployees	Kind of business (manufacturing, acc	ounting, i	nsurance,
Final \$ per week	60	લિત્રફ	ted below)	10 to 20		"Motion Pic	ture	Theatr
Name of immediate supervisor (b) (6)		,,	A.B.C. S	(firm, organization, etc.) Southeastern	and added Theat	tres, Inc.	de, if kno	un)
Area Code and phone No. if known  Reason for leaving  (b) (6)			Charlott	e, NC 28201				,
Description of duties, responsibilities, and accompli		Perf	ormed all	duties of ma	magei	nén <del>t of t</del> hea	itre.	
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'Have experience in most offic	e and h	ucinac	e machi	noc						
Have attended Navy schools in	Job C1	assifi assifi	s macri	and D	arcoun	al Acc	ounti	na		
Have completed course (corres	pondenc	e) in	Personr	el Ma	nageme	ent (mi	Jitar	ug. vande	ivilia	
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to military position.					•	•		•		
								•		
B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.)	C. State or o	other licensi	ng authority			E. Year of	atest F	· Aj proxima	te number	
None	NA .		,	NA <sup>or co</sup>	ettificate	NAcercific	ate 7	of words per minute: Typige Shorthand		
			<del></del>	1						
22. A. Did you graduate from high school, or will	B. N	ame and loc	ation (city .i)	id State Lo	f last high	school atten	dat			
you graduate within the next nine months? [YIS] MONIN/YEAR   [NO] HIGHEST GRADE COMPUTE			urg Hig							
XX MAY 1966	Sp		urg, SC	•	ē a					
C. Name and location (city; State, and ZIP Code of known) or university, (If you expect to graduate within 9 m	of college		ttended	Years Co	ompleted"		dits compl		Year of	
MONTH and year you expect degree.)	Kill	From	То	Day	Night	Semester hours	Quarter hours	degree (B.A., etc.)	danea	
None	•,,									
						ļ			<u> </u>	
	No. of cre	lits compl.				J	J	No of cre	dits compl.	
D. Chief undergraduate college subjects	Semester hours	Quarter hours	ļ ·	E. Chief gr	aduste colle	cee subjects		Semester	Quarter	
		100.13			<del></del>			hours	hours	
			,							
·										
F. Major field of study at highest level of college work										
G. Other schools or training (for example trule teational	semal force	e husiness	Cive for and		and local	inn Cales Co		10.6.1.71		
G. Other schools or training for example, trade, tocational, school, dates attended, subjects studied, number of class	room hours of	finstruction	per week, ce	etificates, 2	ind any oth	ier pettineni	t dita.	ir Coucij kn	oun) oi	
Mentioned in item 21.A above.		r		r					j	
<b>4</b> 1									ľ	
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	<del></del>									
23. HONORS, AWARDS, AND FELLOWSHIPS	24. LANGU	AGES OTH	ER THAN	NG LISH		····		<del></del>		
Navy Good Conduct Award		nguages and		Readi	ng	Speaking	Unders	unding	Writing	
Navy Achievement Medal for	placing "X	wledge of "in proper	columns	Excl Goo	d Fair Ex	d Good Fai	r Excl G	ood Fair Exc	Good Fair	
Outstanding Profession Service		· ·	•							
						_  _	_  _			
<u> </u>		<del></del>		<u> </u>						
AS DEFEDENCES III.			<del></del>					· · · · · · · · · · · · · · · · · · ·		
<ol> <li>REFERENCES. List three persons who are NOT related you are applying. Do not repeat names of supervisors I</li> </ol>	to you and wi isted under It	ho have deli em 20, EXP	nite knowled ERIENCE,	ige of you	t qualificat	ions and fit	ness for th	e position fo	r which	
	p	RESENT RI	JSINESS OF	HOMEA	DDRESS		·			
FULL NAME	• •	(Number. S	treet, City, St	ate and 21	P Code)		BUSINE	SS OR OCCU	PATION	
		(b) (d	5)							

r-in-Arrestments

	· ANSWER ITEMS, 26 THE UGH 36 BY PLACING AN "X" IN THE PROCER COLUMN	Yes 'No
26. Are yo	ou a citizen of the United States?	(b) (6)
Before	e answering these questions read Items 27 and 28 in the attached instructions.	i
27. The C	ou now, or within the last ten years have you been, a member of: Communist Party, U.S.A., or any subdivision of the Communist Party, U.S.A.?  rganization that to your present knowledge seeks the overthrow of the constitutional form of government of the United States by force or	
If you	ice or other unlawful meins?	
the tin	me of your membership?	
tion a	sure that you are not placed in a position which might impair your health, or which might be a hazard to you or to others, we need information the following: Do you have, or have you had, heart disease, a nervous breakdown, epilepsy, tuberculosis, or diabetes?	
31. With	in the last five years have you been fired from any job for any reason? in the last five years have you quit a job after being notified that you would be fired?	
(You was fi 33. While	you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? may omit: (1) traffic violations for which you paid a fine of \$30.00 or less; and (2) any offense committed before your 21st birthday which nally adjudicated in a juvenile court or under a Youth Offender law.)	
If you	r answer to 32 or 33 is "Yes." give details in Item 37. Show for each offense: (1) date; (2) charge; (3) place; (4) cours; and (5) action taken.	
(See, I 35. Do you If your	the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)? tems, 34 and 35 in the attached instruction sheet.)  but live with, or within the past 12 months have you lived with, any of these relatives who are employed in a civilian capacity?  r unsuer to 34 is "Yes," give in Item 37 for such relatives: (1) full name; (2) present address (including ZIP Code); (3) relationship; (4) departagency, or branch of the Armed Forces. If your answer to 33 is "Yes," also give the kind of appointment held by the relative(s) you live with or have with within the past 12 months,	
civilia	ou teceive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal n, or District of Columbia Government service?	
		4-
Your Stat marker (~	tement cannot he processed until you have answered all questions, including Items 26 through 36 above. Be sure you have placed an "X" to the left of D above, either in the "Yes" or the "No" column.	B- III.
marker (~	tement cannot be processed until you hase answered all questions, including Items 26 through 36 above. Be sure you have placed an "X" to the left of Dabove, either in the "Yes" or the "No" column.  for detailed answers. Indicate Item number to which answers apply.	E- ANN
marker (~	D above, either in the "Yes" or the "No" column,	· ·
marker (~	D above, either in the "Yes" or the "No" column,	B- III.
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marker (~	D above, either in the "Yes" or the "No" column,	£
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marker (~	D above, either in the "Yes" or the "No" column,	E
marker (~	D above, either in the "Yes" or the "No" column,	E
marker (~	D above, either in the "Yes" or the "No" column,	E
If more sp	D above, either in the "Yes" or the "No" column,	
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If more sp	ATTENTION — THIS STATEMENT MUST BE SIGNED	
If more sp	Dabote, either in the "Yes" or the "No" column, for detailed answers. Indicate Item number to which answers apply.  The detailed answers. Indicate Item number to which answers apply.  The detailed answers. Indicate Item number to which answers apply.  The detailed answers. Indicate Item number to which answers apply.  The detailed answers. Indicate Item number to which answers apply.  The detailed answers. Indicate Item number to which answers apply.  The detailed answers. Indicate Item number to which answers apply.	
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If more sp position tit	ATTENTION — THIS STATEMENT MUST BE SIGNED  Road the following paragraph carefully before signing-this Statement and the following paragraph carefully before signing-this Statement and any outer yound may be punishable by fine or Imperisonment (U.S. Code, Title 18, Sec. 1001), All statements are subject to linvast of you will be consider the cory of you will be considered by consideration you give will be considered to your only give will be considered.	u begin

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